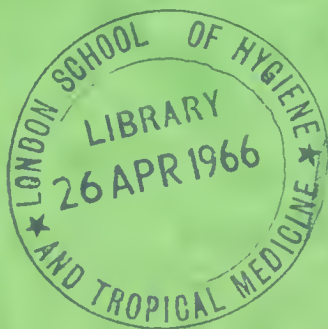


COUNTY OF AYR



ANNUAL REPORT

BY

THE MEDICAL OFFICER OF HEALTH

For the Year 1964

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1963-64

COUNTY OF AYR



ANNUAL REPORT

BY


THE MEDICAL OFFICER OF HEALTH

For the Year 1964

AND

THE SCHOOL MEDICAL OFFICER

For the Year 1963-64



Digitized by the Internet Archive
in 2016 with funding from
Wellcome Library

<https://archive.org/details/b2864735x>

**To the Scottish Home and Health Department
and to the Ayr County Council.**

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the Health of the County of Ayr for the year 1964 together with the Report on the Medical Inspection and Treatment of School Children for the year ended 31st July, 1964.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. ROUGHEAD,

Medical Officer of Health.

County Buildings,

Ayr,

February, 1966.

STAFF

Medical Officer of Health, Welfare Officer and Chief Administrative
School Medical Officer—

JOHN A. ROUGHEAD, M.D., D.P.H.

Depute Medical Officer of Health—

JOHN S. JACKSON, M.B., Ch.B., D.P.H.

Senior Medical Officer—

ALICE K. MONTGOMERY, M.B., ChB., D.P.H., D.R.C.O.G.

Senior Assistant Medical Officer—

KATHARIN I. KERR, M.B., Ch.B., D.P.H., D.C.H.

Consultant Psychiatrist—

A. McCLELLAND, M.B., Ch.B., D.P.M., D.P.H.
(Services made available by Regional Hospital Board).

Assistant School Medical Officers (also Child Welfare Medical Officers)—

EDNA COLLIE, M.D., Ch.B.

ENID M. DIXON, M.B., Ch.B., D.P.H. (Retired December, 1965).

AGNES M. HIGHET, M.B., Ch.B., D.P.H., D.R.C.O.G.

AGNES T. KENNIE, M.D., M.R.C.P. (Appointed January, 1966).

HELEN J. G. MACKIE, M.B., Ch.B.

MARION K. MALCOLM, B.Sc., M.B., Ch.B.

ELIZABETH M. PARK, L.R.C.P. & S., D.P.H.

Chief Dental Officer—

JAMES WILSON, L.D.S.

Assistant Dental Officers—

AGNES N. CARNEGIE, L.D.S.

DOROTHY E. CHATER, L.D.S.

PETER McG. GARDNER, L.D.S.

MURIEL HILLS, B.D.S. (Resigned May, 1965).

JAMES MESSER, B.D.S. (Appointed January, 1966).

MARGARET T. MacALPINE, B.D.S. (Resigned September, 1965).

ALEXANDRA McLAREN, B.D.S. (Appointed November, 1965).

AGNES J. PURDIE, L.D.S.

ELIZABETH J. ROUGHEAD, B.D.S.

MONTGOMERY B. SIMPSON, L.D.S.

PATRICIA L. THOMSON, B.D.S.

THOMAS L. H. WIGHTMAN, L.D.S.

Consultant Orthodontist—

JOHN G. HOUSTON, L.D.S., H.D.D., D.D.O., R.F.P.S.
(Services made available by Regional Hospital Board).

DENTAL SURGERY ASSISTANTS 11.

County Nursing Superintendent—

MISS JESSIE M. B. McVICAR, R.S.C.N., R.G.N., S.C.M., H.V., Q.N.

Depute County Nursing Superintendent—

MISS SHEILA MacFARLANE, R.G.N., S.C.M., H.V., Q.N.

DISTRICT NURSE/MIDWIFE/HEALTH VISITORS 59

TUBERCULOSIS HEALTH VISITORS 4

OTHERS—FULL-TIME HEALTH VISITORS/SCHOOL NURSES ... 11

PART-TIME NURSES 21

Matron, Residential Nursery, Irvine—

MISS N. G. LEES, Princess Louise Certificate.

Matron, Residential Nursery, Kilwinning—

MISS HELEN GRANT, R.G.N., S.C.M., S.R.C.N.

Matron, St. Leonard's Home, Ayr—

MISS MARION MORRISON, R.G.N., R.F.N.

Audiometrician—

MISS JEAN B. THOMSON.

Home Helps Organiser—

MRS. MARGARET RAMSAY, M.B.E.

ASSISTANT HOME HELPS ORGANISERS 3

Chiropodists—

JOHN KERR, M.Ch.S., Chief Chiropodist.

MISS JUNE BUCHANAN, M.Ch.S. (Appointed October, 1965).

MRS. NORAH M. HAMILTON, M.Ch.S.

MRS. ELIZABETH HARVEY, M.Ch.S.

MRS. JEAN HUME, M.Ch.S.

MISS ANNE M. HENRY, M.Ch.S.

MR. JOHN M. MACKICHAN, M.Ch.S.

MISS MARIE MacDONALD, M.Ch.S. (Appointed December, 1965).

MRS. JANE F. STOBIE, S.R.Ch. (Appointed February, 1966).

Principal Welfare Services Officer—

STANLEY H. JOHNSTON, A.I.S.W., Certificate in Social Welfare.

Social Welfare/Mental Health Officers—

MRS. ANITA CAMPBELL, Certificate Social Science (Appointed May, 1965).

MRS. INA J. JOHNSTON.

MR. D. READER (Appointed August, 1965).

TRAINEE SOCIAL WORKERS—5.

Occupational Therapists—

MISS LEONORA WATERSTON, Senior Occupational Therapist.

SENIOR OCCUPATIONAL CENTRE INSTRUCTORS—15.

Clerical Staff—

Chief Clerk—**OLIVER MUIR**.

OTHER CLERICAL STAFF 20.

BURGH OF AYR

School Medical Officer—

R. L. LEASK, M.B., Ch.B., B.Sc. (P.H.), D.P.H., D.P.A.

Assistant School Medical Officer—

A. G. SKED, M.B., Ch.B., D.P.H.

School Nurses—

10 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERKES.

BURGH OF KILMARNOCK

School Medical Officer—

DAVID H. PATERSON, M.B., Ch.B., D.P.H., D.R.C.OG.

Assistant School Medical Officer—

STEPHEN M. YOUNG, L.R.C.P., L.R.C.S., D.P.H.

School Nurses—

9 PART-TIME NURSES.

Clerical Staff—

1 PART-TIME CLERKES.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

TABLE OF CONTENTS

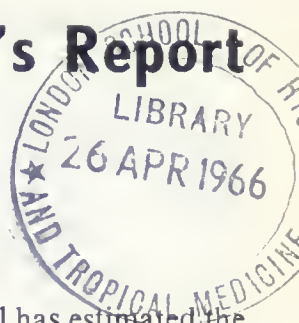
	Page
STAFF	Frontispiece
A.—VITAL STATISTICS	9
B.—LOCAL HEALTH AUTHORITY FUNCTIONS—	
(1) Care of Expectant and Nursing Mothers and Children under School Age—	
(a) Expectant and Nursing Mothers	13
(b) Prevention of Break-up of Families	14
(c) Child Welfare	15
(d) Care of Premature Infants	15
(e) Supply of Dried Milks, etc.	15
(f) Dental Care	17
(g) Other Provisions	17
(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel	17
(3) Domiciliary Midwifery	18
(4) Health Visiting	18
(5) Home Nursing	19
(6) Domestic Helps Scheme	20
(7) Vaccination and Immunisation	22
(8) Prevention of Illness—Care and After-Care—	
(a) Tuberculosis	25
(b) B.C.G. Vaccination	27
(c) Mass Radiography	29
(d) Epileptics and Spastics	30
(e) Convalescent Home Provision	31
(f) Chiropody Service	31
(9) Control of Infectious Diseases	33
(10) Mental Health	35
(11) Relative Cost of Individual Health Services	36
C.—PORT HEALTH ADMINISTRATION	37
D.—FOOD SUPPLY—Milk	37
E.—WELFARE SERVICES	46
F.—MISCELLANEOUS SERVICES—	
(1) Nursing Homes Registration (Scotland) Act	50
(2) Health Education	50
(3) Blood Transfusion	50
(4) Accidents in the Home	50
G.—GENERAL SANITATION	52
H.—MEDICAL INSPECTION OF SCHOOL CHILDREN	70

TABLES

	Page
I.—Causes of Death (Landward and Small Burghs)	53
II.—Births and Deaths	55
III.—Density of Population, Birth Rates, Infantile and Other Death Rates	56
IV.—Infantile Mortality	57
V.—Infectious Diseases—Distribution of Cases	58
VI.—Infectious Diseases—Monthly Notifications	59
VII.—Infectious Diseases—Statistical Return	60
VIII.—Tuberculosis—Statistical Return	61
IX.—Out-Patient Clinics	68

County Medical Officer's Report

1964



A.—VITAL STATISTICS

Population and Area.—The Registrar General has estimated the population of the Landward Area and Small Burghs to middle of 1964 as 253,419. This figure is 838 more than his estimate for 1963.

Births.—The live births registered after correction for transfers were 4,957, equivalent to a birth rate of 19.6 per thousand of population, as compared with 19.8 for the preceding year. The figure for Scotland was 20.0. The rates for previous years are :—

1931-35—Average Birth Rate	18.6
1936-40 " " "	18.2
1941-45 " " "	18.1
1946-50 " " "	19.7
1951-55 " " "	17.9
1956-60 " " "	18.7
1961—Birth Rate	19.1
1962 " "	19.5
1963 " "	19.8
1964 " "	19.6

The number of still-births registered after correction for transfers during the year was 95, giving a rate of 19 per thousand total births. The rate for Scotland was 18. The number of still-births registered for a number of years past, with the corresponding rates per thousand total births, are as follows :—

	Still-Births	Rate per Thousand Total Births.
1941-45—Average	153	41
1946-50 "	130	27
1951-55 "	104	24
1956-60 "	110	23
1961	125	26
1962	102	20
1963	100	20
1964	95	19

The details applicable to individual Burghs are given in Tables II and III.

Deaths.—The deaths registered after correction for transfers were 2,856, which is equivalent to a death-rate of 11.3, as compared with 12.3 in 1963. The Scottish figure was 11.7. The following are the figures for preceding years :—

1931-35—Average Death Rate	12.5
1936-40 " " "	12.8
1941-45 " " "	12.1
1946-50 " " "	11.3
1951-55 " " "	11.6
1956-60 " " "	11.3
1961 Death Rate	12.2
1962 " "	12.1
1963 " "	12.3
1964 " "	11.3

Tables I, II and III show the mortality in the County Area and Burghs during the year.

Infantile Mortality.—The number of infants under one year who died during the year was 114, equivalent to an infantile mortality rate of 23, compared with a rate of 24 in 1963. The following are the figures for previous years :—

1931-35—Average Infantile Mortality Rate	73
1936-40 " " " "	71
1941-45 " " " "	63
1946-50 " " " "	39
1951-55 " " " "	32
1956-60 " " " "	29
1961 Infantile Mortality Rate	31
1962 " " "	26
1963 " " "	24
1964 " " "	23

Of the total infantile deaths 75 (66 per cent.) occurred within the first four weeks of life.

The main causes of death were congenital malformations 24 (21 per cent.), infections 8 (7 per cent.), injury at birth, post natal asphyxia atelectasis 39 (34 per cent.), and other diseases peculiar to early infancy 17 (15 per cent.).

Deaths from Tuberculous Diseases.—The deaths from respiratory tuberculosis were 9, giving a death rate of 0.04. Deaths from other forms of tuberculosis were Nil. The corresponding figures for the previous year were deaths 11 and 2 and death rates

0.04 and 0.008. The following are the average death rates per 1,000 population :—

		Respiratory Tuberculosis.	Other forms of Tuberculosis.	Total.
1916-20—Average	.....	0.79	0.44	1.23
1921-25	„	0.52	0.28	0.80
1926-30	„	0.45	0.24	0.69
1931-35	„	0.38	0.19	0.57
1936-40	„	0.36	0.13	0.49
1941-45	„	0.37	0.17	0.54
1946-50	„	0.33	0.09	0.42
1951-55	„	0.15	0.04	0.19
1956-60	„	0.05	0.01	0.06
1961—Death Rate	.....	0.04	—	0.04
1962	„ „	0.05	0.01	0.06
1963	„ „	0.04	0.01	0.05
1964	„ „	0.04	—	0.04

Deaths from Pneumonia.—There were 43 deaths from pneumonia, equivalent to a death rate of 0.17. During the previous year the deaths were 85, equal to death rate of 0.34. The following are the average death rates from pneumonia since 1931 :—

1931-35 (Average) ...	0.67	1956-60 (Average) ...	0.25
1936-40 (Average) ...	0.63	1961	0.29
1941-45 (Average) ...	0.46	1962	0.28
1946-50 (Average) ...	0.34	1963	0.34
1951-55 (Average) ...	0.27	1964	0.17

Deaths from Other Diseases of the Respiratory System.—There were 132 deaths, including bronchitis 103, recorded from this group of diseases, which includes all the diseases of the organs of respiration except pneumonia and pulmonary tuberculosis. These figures are equivalent to a death rate of 0.52, as compared with 0.72 in the previous year.

Deaths from Influenza.—The deaths due to influenza numbered 7, giving a death rate of 0.03. During 1963 the deaths were 18 and the death rate 0.07. The following are the average death rates from influenza since 1931 :—

1931-35 (Average) ...	0.48	1956-60 (Average) ...	0.07
1936-40 (Average) ...	0.28	1961	0.09
1941-45 (Average) ...	0.08	1962	0.04
1946-50 (Average) ...	0.08	1963	0.07
1951-55 (Average) ...	0.08	1964	0.03

Deaths from Cancer.—The deaths from cancer were 501, a decrease of 21 on last year's figure, equivalent to a death rate of 1.98, as compared with 2.06 in the previous year.

The following are the average death rates from cancer for a number of years :—

1931-35	1.28	1956-60	1.85
1936-40	1.48	1961	2.00
1941-45	1.58	1962	2.01
1946-50	1.63	1963	2.06
1951-55	1.72	1964	1.98

Cancer of the Lung.—This group includes primary malignant neoplasms of trachea, bronchus and lung. There were 102 deaths from this cause (85 males and 17 females) as compared with 107 deaths (94 males and 13 females) last year.

Age.	<i>No. of Deaths from Cancer of Lung.</i>		<i>No. of Deaths from Cancer other than Lung Cancer.</i>	
	1964		1964	
	<i>Males.</i>	<i>Females.</i>	<i>Males.</i>	<i>Females.</i>
Under 1 Year	—	—	1	—
1—	—	—	1	1
5—	—	—	1	1
10—	—	—	2	—
15—	—	1	1	1
25—	—	—	1	5
35—	3	2	5	17
45—	10	4	17	31
55—	30	—	40	37
65—	31	6	58	78
75—	10	3	39	39
85—	1	1	8	15
TOTALS...	85	17	174	225

Childhood Cancers.—During 1964 the survey into childhood cancers and leukaemia being undertaken by Research Workers in Oxford continued and the field work was again carried out by the Local Authority Medical Staff.

Marie Curie Foundation.—The Local Authority Acts as agents for this foundation in distributing welfare grants and arranging nursing services. Nineteen cases were dealt with during the year at an approximate cost to the foundation of £435.

Deaths from Diseases of the Nervous System.—This group of diseases, which includes such causes as cerebral haemorrhage, apoplexy, etc., accounted for 543 of the deaths occurring in the area, being a death rate of 2.14, as against 2.09 in the preceding year.

Deaths from Diseases of the Digestive System.—The deaths were 87, equivalent to a death rate of 0.34, as compared with 0.36 in the preceding year.

Deaths from Diseases of the Circulatory System.—The number of deaths ascribed to diseases of the heart and other organs of circulation was 1,170, giving a death rate of 4.62, as compared with 5.09 in the previous year.

Deaths from Diseases and Accidents of Pregnancy and Parturition.—There were no maternal deaths during 1964. The rate for Scotland as a whole during the year was 0.2 per 1,000 births (live and still). The average maternal mortality rates for the County during the period 1931 to 1964 were as follows:—

1931-35 (Average).....	6.2	1956-60 (Average).....	0.5
1936-40 (Average).....	4.7	1961	0.6
1941-45 (Average).....	2.4	1962	0.2
1946-50 (Average).....	1.4	1963	0.2
1951-55 (Average).....	0.3	1964	—

Deaths from Accidents and Other Violence.—Deaths attributed to violence numbered 127 compared with 116 in 1963. Of these 14 were ascribed to suicide; 41 to road transport accidents; 50 to accidents in the home and 22 to other forms of violence.

B.—LOCAL HEALTH AUTHORITY FUNCTIONS.

(1) Care of Mothers and Young Children.

(a) **Expectant and Nursing Mothers.** — The County Council provides a nurse and the premises for ten ante-natal and post-natal clinics in various centres in the County—the Doctor being provided by the Regional Hospital Board. All patients attending these clinics are booked for hospital, but a general practitioner may refer cases if he so desires. In addition, clinics are held at

the Maternity Hospital, Irvine, by the Consultant Obstetrician. Mothercraft classes are held at three centres, namely, Prestwick, Saltcoats and Kilwinning.

The following are the figures relating to Ante-Natal and Post-Natal Clinics in the form required by the Home and Health Department :—

(i) Ante-Natal and Post-Natal Clinics in Local Authority Premises:

	Number of Women who attended for :—	
	Ante-Natal Examination	Post-Natal Examination
Number who attended during 1964	4,504	307
Number of above who were new cases ...	3,084	307
Number booked for hospital confinement	4,407	180

(ii) Number of Sessions held by:—

(a) General Practitioners	224
(b) Hospital Medical Staff	518

Total 742

(iii) Mothercraft and Relaxation Classes :—

(a) Number attending mothercraft classes	95
(b) Number attending combined classes	252
(c) Total number of attendances	1179

(b) Prevention of Break-Up of Families.—The families, where break-up of the home is threatened by lack of parental care, are visited by the District Nurse or social worker, when help, advice and instruction are given.

Where break-up of home is threatened by ill health or by the admission of the mother to hospital, Home Helps are supplied at very low cost or even free.

To prevent the break-up of families where the mother is either temporarily or permanently the bread winner, children under five are accommodated in the Nurseries at low financial cost. The mother is encouraged to take the children home at the week-ends or whenever she is free and so continue family life in the home as much as possible.

(c) Child Welfare.—The Local Authority provides 44 Child Welfare Clinics at various Centres in the County. In populous areas these are held weekly, and in other areas fortnightly. A Medical Officer is in attendance at each Clinic. A list of these Clinic premises is given in Table IX.

The following are the statistics relating to Child Welfare Clinics in the form prescribed by the Home and Health Department :—

(1) Total number of sessions held in Local Authority Premises during the year—

(a) By Medical Officers	1,136
(b) By Health Visitors	81
(c) By General Practitioners	64
	<hr/>
	1,281
	<hr/>

(2) Number of children attending the Clinics during the year and who on the date of their first attendance this year were—

Born 1964	3,909
Born 1963	3,115
Born 1959-62	2,994

(3) Number referred for treatment or advice—

	By Medical Staff	By Nurses
(a) Born 1964	82	166
(b) Born 1963	103	196
(c) Born 1959-62	49	259
	<hr/>	<hr/>
	234	621
	<hr/>	<hr/>

(d) Care of Premature Infants.—There is no special provision made for the domiciliary care of premature infants, because liaison with the hospital is extremely close and all premature infants can be admitted without delay, transport being by specially equipped ambulance.

The following table relates to premature births—

Weight at Birth.	Premature Live Births.										Premature Stillbirths			
	Born in Hospital.			Born at Home or in a Private Maternity Home.			Transferred to Hospital on or before 28th day.							
	Died.			Died.			Died.							
	Total Births.			Total Births.			Total Births.							
	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	Within 24 hours of Birth.	In 1 and under 7 days.	In 7 and under 28 days.	Born.				
2 lb. 3 oz. or less ...	10	7	1	—	—	—	1	1	—	2	1	—	In Private Maternity Home.	
Over 2 lb. 3 oz. up to and including 3 lb. 4 oz. ...	24	9	6	1	—	—	1	—	1	—	20	2	—	At Home.
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	63	13	3	3	—	—	—	—	1	—	23	—	—	In Hospital.
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	62	3	1	1	3	—	4	—	—	—	9	—	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	116	2	2	1	20	—	—	—	—	—	7	—	—	—
TOTALS	275	34	13	6	23	—	15	1	2	—	61	3	—	—

Weight at Birth.

(e) Distribution of Welfare Foods.—To serve the County Area welfare foods are distributed from Centres in 50 towns and villages. Beneficiaries living some distance from a distribution centre can, however, by writing to the County Medical Department, have supplies sent to them by post.

During the years 1962 to 1964 the uptake of welfare foods throughout the County was :—

	1962	1963	1964
National Dried Milk	20,595	18,785	17,746
Cod Liver Oil	5,032	5,834	8,077
Vitamin " A " and " D " Tablets	1,799	2,128	1,573
Orange Juice	25,780	32,055	38,943

(f) Dental Care.—The amount of work carried out for pre-school children shows a slight increase, due in part to regular inspection and treatment carried out in the residential nurseries.

A great deal of expansion could be carried out to this part of the dental service if adequate staff were available.

(g) Other Provisions.—There are two Residential Nurseries in the County—the Moor Nursery, Irvine, and Fergushill Nursery, Kilwinning. Each has thirty places for children under five years of age. The Nurseries are primarily provided for the children of unmarried mothers who find it difficult to work and look after their children whom they wish to keep. Many of these children are cared for by their mothers at week-ends, thus maintaining the link with home. Other children are admitted because of the mother's illness or where it is necessary to immunise the infant against tuberculosis.

A charge of 5/- per week is made for the maintenance of a child and the mother is expected to provide clothing. In spite of the small charge many mothers are reluctant to provide sufficient clothing.

These Nurseries also train student nurses for the examination of the Scottish Nursery Nurses Association.

(2) Use of Clinic Premises by General Practitioners and Hospital Board Personnel.

The policy of the County Council is to allow Clinic premises where ever possible to be used by Regional Hospital Board Medical Staff and by General Practitioners.

Clinics are used in this way at Annbank, Ayr, Beith, Catrine, Cumnock, Dalry, Dalmellington, Drongan, Irvine, Kilbirnie, Largs, Mauchline, Maybole, Patna, Prestwick, Saltcoats, Stewarton, Tarbolton and Troon.

(3) Midwifery.

The Domiciliary Midwifery Service undertook the care of 799 patients during 1964, as well as giving a great deal of service during the puerperium to 1,606 patients dismissed early from hospital. All Nurses are trained in administering gas and air, and are equipped with Minnitt apparatus.

In certain areas Part II Pupil Midwives receive domiciliary training under the supervision of District Nursing Sisters recognised as teachers by the C.M.B. All these District Nursing Sisters have had training in the use of Trilene Inhalers.

The following are the statistics regarding Midwifery, including those prescribed by the Home and Health Department :—

(1) Total number of Births occurring in the area during year—
corrected for mother's residence—

(a) Live Births	4,957
(b) Still Births	95

Total	5,052
-------------	-------

(2) Total number of Births occurring in Institutions ... 4,141

(3) Total number of Births occurring at home—

Live	816
Still	5

Total	821
-------------	-----

Eighty-four per cent of all the births occurred in Hospital.

Supply of Maternity Outfits. — 802 maternity outfits were supplied during the year to mothers for domiciliary confinement.

(4) Health Visiting.

An effort was made by the District Nurses to carry out routine health visiting of all children under five. In areas of nursing shortage, however, urgent medical cases have had to have prior attention with a consequent restriction of time devoted to health visiting.

The visiting of tuberculous patients in their own homes has been undertaken by a special staff of four Health Visitors. They are centred in Hospital under the direct supervision of the Chest Physician. This ensures integration of treatment and preventive services. In addition to this work these Health Visitors undertake regular visitation of geriatric cases at the request of the Consultant Geriatrician.

The following is the number of visits paid by Health Visitors during the year :—

	Number of cases	Number of visits
1. Expectant mothers	1,236	10,264
2. Children born in 1964	4,555	21,282
3. Children born in 1963	4,773	24,465
4. Children born 1959-62	15,742	43,372
5. School children	4,362	4,416
6. (a) Persons aged 65 and over	243	1,494
(b) Persons included above who were visited at the special request of a general practitioner or hospital	147	1,221
7. (a) Mental Health : care and aftercare	2	2
(b) Persons included above who were visited at the special request of a general practitioner or hospital	1	1
8. (a) Other hospital aftercare	21	123
(b) Persons included above who were visited at the special request of a general practitioner or hospital	19	121
9. Tuberculous households	1,346	4,636
10. Other infectious diseases	2	6
11. Other	—	—

(5) Home Nursing.

In areas where there is an acute shortage of District Nurses only the most urgent nursing care can be given. The type of work undertaken by Nurses includes domiciliary midwifery, care of mothers and babies during the puerperium of patients dismissed early from hospital, general care of old people, administration of insulin and antibiotics, attendance at Child Welfare Clinics, School Clinics and School Inspections and Health Visiting. In spite of the provision of attractive well-furnished houses, domestic help and help with gardens, District Nurses are in very short supply. This shortage, coupled with time off on account of illness, holidays, etc., is straining the service to the utmost limits.

	Number of cases	Number of visits
1. Total number of persons nursed during the year	4,144	124,416
2. Number aged under 5 at first visit in 1964 ...	402	2,959
3. Number aged 65 or over at first visit in 1964	1,788	79,300

Nurses' Homes and Clinics.—The following have been approved and progress is indicated :—

Ochiltree.....Clinic and Nurse's House.....Occupied March, 1964.
 Crosshouse.....Clinic.....at Planning Stage.
 Darvel.....Clinic and Nurse's House.....Under consideration

(6) Domestic Help Scheme.

Under the Council's Home Help Scheme which has been operating throughout the County since October, 1949, domestic assistance is given in circumstances of household difficulty owing to illness, old age or confinement. The numbers of households which have benefited from the Scheme during the past years have been as follows :—

1949 - 1953	478	1961	1071
1954 - 1958	851	1962	1064
1959	905	1963	1160
1960	1017	1964	1143

At 31st December, 1964, the number of Home Helps employed was 310, and the number of families served 654. A table showing the areas in which these families resided and the duration of help given is appended. The number of hours' attendance is carefully adjusted to actual need and varies from six hours to forty-four hours weekly. The average is twenty-two hours weekly.

Of the 1,143 cases dealt with in 1964, 668 were aged 65 and over ; 286 received help on account of chronic sickness (all under 65 years of age) ; 91 maternity cases ; 8 mentally disordered cases and 90 because of short-term illness.

It will be observed from the table provided that at the end of the year the duration of help to 405 households (62 per cent.) exceeded one year and to 95 households (14.5 per cent.) exceeded five years.

The evening and all-night service, introduced in December, 1955, continues in operation. During 1964 15 cases received evening help, 4 night attendance, and 3 both evening and night attendance. The corresponding figures for 1963 had been 10, 3 and 4 respectively.

NUMBER OF CASES DEALT WITH DURING 1963 AND DURATION OF CASES SERVED AT END OF YEAR.

District.	No. of Cases at 31/12/63.	No. of Cases Supplied with Helps during Year.	No. of Cases Completed during Year.	No. of Cases 31/12/64.	Duration of Cases Served at end of Year.					Less than 3 Months.	
					Over 5 Years.	Between 3 and 6 Years.	Between 2 and 3 Years.	Between 1 and 2 Years.	Between 6 Months and 1 Year.		Between 3 and 6 Months.
Anbank.....	3	2	—	5	1	—	2	—	—	2	—
Ardrassan.....	29	32	26	35	4	5	5	7	2	4	8
Auchinleck.....	9	8	4	13	1	2	2	2	4	1	1
Ayr Landward.....	5	7	7	5	1	—	—	1	2	—	1
Belth.....	19	17	12	24	6	—	—	3	4	—	5
Catrine.....	13	5	4	14	4	2	—	4	2	—	2
Cumnock.....	22	10	13	19	3	3	2	6	1	—	4
Dalmellington.....	—	6	3	3	—	—	—	—	—	—	—
Dalry.....	23	14	11	26	8	5	4	—	1	2	—
Darvel.....	13	4	5	12	4	2	2	1	3	1	4
Dreghorn, Springside.....	13	4	7	10	2	1	3	3	1	1	1
Drybridge.....	1	1	—	2	—	1	1	—	—	—	—
Dunonald.....	3	3	1	5	—	—	—	—	—	—	—
Dunlop.....	2	4	4	2	—	—	—	—	—	—	—
Fenwick.....	1	1	—	2	—	—	—	—	—	—	—
Galston.....	19	12	15	16	1	3	2	3	1	1	1
Girvan.....	12	21	16	17	—	—	—	—	—	—	—
Hurlford.....	13	6	8	11	1	2	1	3	2	3	3
Irvine.....	41	27	27	41	8	7	3	9	1	1	2
Kilbirnie/Glengarnock.....	31	19	20	30	5	4	5	9	2	1	8
Kilmaurs/Crosshouse.....	9	7	7	9	1	—	4	3	—	—	4
Kilwinning.....	22	22	14	30	3	4	4	2	9	—	1
Largs.....	36	61	55	42	2	2	7	6	10	7	6
Maybole.....	13	10	5	18	4	1	3	2	3	1	4
Mauchline.....	8	4	1	11	2	2	2	2	—	—	3
Muirkirk.....	24	8	8	24	6	6	1	4	4	1	1
New Cumnock.....	17	2	—	15	2	1	3	2	—	—	—
Newmilns.....	18	15	14	19	2	3	1	4	3	—	4
Patna.....	3	3	1	5	—	—	—	—	—	—	—
Prestwick.....	35	34	37	32	2	8	3	2	1	2	1
Saltcoats.....	61	66	60	67	7	11	3	7	2	4	6
Stevenston.....	21	21	21	21	3	3	2	14	8	6	14
Stewarton.....	9	12	9	12	1	2	2	3	4	3	3
Tarbolton.....	3	—	2	1	—	—	—	2	3	2	—
Troon.....	55	35	51	39	5	9	7	1	5	3	2
West Kilbride.....	20	14	17	17	2	1	4	3	3	1	3
TOTALS.....	626	517	489	654	95	94	90	126	87	56	106

(7) Vaccination and Immunisation.

(a) **Vaccination.**—It is now accepted that primary vaccinations should be done during the second year of life instead of at four or five months old as recommended hitherto. Vaccination is encouraged by the display of posters at Child Welfare Clinics and advice by District Nurses, Health Visitors and Clinic Doctors is given to encourage parents to have their children vaccinated.

Details of the vaccinations notified during the year are as follows :—

	<i>Primary Vaccinations.</i>	<i>Re- Vaccinations.</i>
(1) " Takes "	2,073	860
(2) " No Takes "	132	60
(3) " Not Examined "	64	36
TOTALS	2,269	956

Of the 2,269 persons who received primary vaccination, 107 (5 per cent.) were children born in 1964 and 1,423 (63 per cent.) were children born in 1963.

Of the total number of primary vaccinations 1,049 (46 per cent.) were carried out by the Local Authority's Medical Staff.

(b) **Diphtheria Immunisation.**—Every effort is made to maintain a high percentage of immunisation among infants and young children.

A health education birthday card is sent to parents of children at one year of age together with a letter explaining the benefits of immunisation to parents whose children are still not protected. The importance of protective inoculation is further stressed by poster display and medical and nursing advice.

School children during their first year may receive either two injections of diphtheria vaccine if they have not been protected in infancy or a single booster injection if they have. Consent forms are issued to the schools, for distribution to parents, for this purpose.

Of the total number of inoculations, 6,926 were performed by the Local Authority's Medical Staff.

DIPHTHERIA IMMUNISATION.

	<i>Primary Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-School Children	4	39
School Children	485	3,266
TOTALS	489	3,305

(c) **Combined Immunisation.**—The following were immunised using a multiple vaccine.

	<i>Primary Inoculations.</i>	<i>Maintenance Inoculations.</i>
Pre-school Children :—		
Diphtheria, Whooping Cough and Tetanus	3,790	1,327
School Children :—		
Diphtheria, Whooping Cough and Tetanus	10	438
TOTAL	3,800	1,765

(d) Poliomyelitis Vaccination.—The following table shows the numbers in the various categories who received a primary course of immunisation during the year :—

Age.	No. of Persons who have received :		
	Second Injection of Salk Vaccine.	Third Dose of Oral Vaccine.	Total.
(a) Children born in 1964 ...	—	673	673
(b) Children born in 1963 ...	9	2,709	2,718
(c) Children born in 1962 ...	23	375	398
(d) Children born in 1961 ...	7	105	112
(e) Children and young persons born in years 1943-1960	6	476	482
(f) Young persons born in years 1933-1942 ...	13	78	91
(g) Others	10	84	94
TOTAL	68	4,500	4,568

In addition 52 persons received a third injection of Salk Vaccine and 108 persons, who within the previous twelve months had received two injections of Salk Vaccine, were completed by a dose of Oral Vaccine. This raises the number of persons fully immunised since the beginning of the scheme to 125,370.

Reinforcing doses of Oral Vaccine were given to 4,104 persons.

During the year there were submitted by general medical practitioners a total of 2,171 record cards. This figure comprises 68 persons vaccinated with two injections of Salk Vaccine, 1,686 who received a full course of Oral Vaccine, and 417 who received reinforcing doses of either Salk or Oral Vaccine.

(8) Prevention of Illness, Care and After-Care.

(a) **Tuberculosis.**—There were notified 69 cases of pulmonary tuberculosis and 15 of non-pulmonary tuberculosis. All but one case was confirmed.

Pulmonary Tuberculosis.—Of the 69 new cases of pulmonary tuberculosis 44 were males and 25 were females. Fifty-four of these cases received institutional treatment during the year.

The notifications for the years 1953-64 inclusive were 180, 168, 166, 168, 179, 147, 107, 105, 89, 84, 74 and 69.

Including cases notified in previous years, 83 patients were admitted to Hospitals during 1964 as follows :—

Ayrshire Central Hospital, Irvine	72
Heathfield Hospital, Ayr	5
Others	6
	<hr/>
	83

There were 3 deaths.

Non-Pulmonary Tuberculosis. — The 14 new cases of non-pulmonary tuberculosis are classified as follows, according to the localisation of the disease :—

	No. of Cases.
Abdominal	—
Superficial Glands (Cervical)	6
Bones and Joints	1
Genito-Urinary Organs	5
Meningeal	1
Other	1
	<hr/>
	14
	<hr/>

Thirteen patients were admitted to Hospitals during 1964 as follows :—

Ayrshire Central Hospital	9
Mearns Kirk Hospital, Newton-Mearns	3
Seafeld Hospital, Ayr	1
	<hr/>
	13

There were no deaths.

Preventive Care and After-Care.—There are four Tuberculosis Health Visitors. Although on the staff of the Medical Officer of Health these are centred at the Area Chest Clinics and work under the direct supervision of the Area Supervising Tuberculosis Physician, with whom a close liaison is maintained.

Hospital Service.—The following are extracts from the report of Dr. Boyd, Area Supervising Tuberculosis Physician :—

“ In Ayrshire there is still room for improvement in our case finding programme. Last year a routine x-ray examination brought to light 5 active cases, but this method of detection is still not practiced in the main hospitals, viz. Kilmarnock Infirmary, Ayr County and Ballochmyle. We had planned to introduce a chest x-ray-for-all policy in January 1962, but at the last minute the Boards of Management found the cost involved prohibitive. In 1963 I indicated that we couldn't afford not to adopt such a policy and now in 1965 the matter must be raised again.

“ This same half-hearted response to implement an effective Tuberculosis control programme is seen in the Ministry of Health's handling of Tuberculosis in immigrants. For years Chest Physicians have been clamouring for a chest x-ray for all immigrants either on arrival in this country or before leaving their country of origin. It is to be hoped that the pilot radiography service recently instituted at London Airport will convince the Authorities that more in this line should be done. In Ayrshire the immigrant problem is so far a small one, but this may not always be so and we of course will be prepared to co-operate in any National Anti-Tuberculosis plan. It is interesting to record that at the time of writing, 524 Chest Clinics in England and Wales are co-operating in a National survey to determine the magnitude and distribution of Tuberculosis in immigrants. The figures available so far indicate that an appreciable proportion of Pakistanis arriving in Britain suffer from active Tuberculosis.

“ In the field of prevention, it is pleasing to report an improved level of B.C.G. vaccination in the 13 year old age group. It is accepted that at least 75% of the ‘ eligible population ’ should be vaccinated, and in Ayrshire we should soon be reaching this figure. To achieve this, much patient, painstaking labour falls on the School Medical Service, ably supported, of course, by the Tuberculosis Health Visitors. While the value of B.C.G. vaccination is now widely acclaimed so is selective group radiography. In this respect it is a little disturbing and, to my mind, very disappointing to be told that the periodic chest x-ray of school teachers may be changed to a three yearly one. This reasonable safeguard to the children they teach is accepted by most teachers as a necessary annual examination. Such a precaution was considered worthwhile and necessary at University and Training College and so it seemed a retrograde step when it was increased to two years.

Bearing in mind that Tuberculosis today is a disease of the older age groups, it seems quite illogical to increase the interval between x-rays to three years.

"Liaison with the County Health Department has always been close and so this year we have been able to appeal for help (more than once) with the unco-operative infectious patient. This type of case can now be committed to hospital under a Sheriff's warrant, but no one welcomes any form of compulsion in health matters and fortunately to date, persuasion by the Medical Officer of Health has been often successful. The vagrant, who escapes, usually South of the Border, is not so easy to trace and treat and so we may yet have to establish a National Registrar for this type of case."

Domiciliary Treatment.—Cases suitable for treatment at home or awaiting admission to hospital were visited by the Tuberculosis Health Visitors, who paid 4,636 visits to 1,346 households.

These Nurses also give advice to patients regarding National Insurance and National Assistance entitlements, and grants from voluntary organisations.

Supply of Milk.—The number of free milk vouchers issued was 365, covering some 8,258 gallons of milk at an approximate cost of £2,277.

Bed and Bedding.—Articles of bedding were issued on loan to three patients.

	<i>On Loan at 31/12/63.</i>	<i>Issued 1964.</i>	<i>With- drawn 1964.</i>	<i>Written off.</i>	<i>Remaining on Loan at 31/12/64.</i>
Bedsteads.....	34	—	—	—	34
Mattresses.....	23	—	—	—	23
Blankets.....	21	4	—	—	25
Sheets.....	25	10	—	—	35
Pillows.....	28	—	10	—	18
Pillow Cases.....	28	14	—	—	42

Housing.—Many Housing Authorities within the County make an effort to re-house patients suffering from Pulmonary Tuberculosis of a communicable type. This preventive measure greatly minimises the spread of infection to other members of the family.

(b) B.C.G. Inoculation Scheme.—The B.C.G. Inoculation Scheme for children approaching school-leaving age, begun in 1953, has continued throughout the year, with the exception of the holiday period. As in previous years, children of approximately 13 years of age were selected as the most suitable group for this purpose.

Information concerning the details of the project were circulated to parents of all the children concerned and consent obtained in a large majority of cases. This group received a preliminary injection into the skin of the forearm in order to demonstrate whether or not they had acquired a degree of immunity to tuberculosis by natural means. Those showing no reaction 72 hours after the initial injection were given B.C.G.. The positive reactors were assessed and those showing a strongly positive reaction immediately referred to the Chest Physician for further examination. Those children whose reaction was considered to be within normal limits were subsequently x-rayed as a routine measure.

The relevant figures for the past three years are as follows :—

B.C.G. Vaccination.

SCHOOL CHILDREN.

	1962	1963	1964
Number in Age Group	3 996	4,024	2,566
Consents	3,684	3,711	2,429
Percentage	92%	92%	95%
No. actually Mantoux Tested ...	3,403	3,685	2,423
Positive Response	431	382	221
Percentage	13%	10%	10%
Negative and given B.C.G. ...	2,852	3,303	2,197
Percentage	87%	90%	90%

The percentage of positive reactors to the Mantoux Test showed a marked decline from the initial years of the Survey, when the relevant figures were as follows :—

1953	32%	1958	14%
1954	20%	1959	13%
1955	25%	1960	13%
1956	16%	1961	12%
1957	16%		

Statistics for the year 1964, in the form required by the Home and Health Department, are :—

	<i>Tuberculin Tested.</i>		<i>Negative Re-actors.</i>		<i>Vaccinated during 1963</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
(1) Nurses	2	79	1	10	1	7
(2) Medical Students	1	—	1	—	—	—
(3) Contacts	156	167	138	161	223	237
(4) Special Groups not included in (1) to (3) above—						
(a) School (13 yrs) ...	1251	1172	1133	1064	1133	1064
(b) New Born Babies	—	—	—	—	—	—
(c) Students	—	—	—	—	—	—
(5) Others	3	3	3	2	1	2

(c) **Mass Radiography.**—The services of the Lanarkshire Unit have again been readily available throughout the year so that very little difficulty has been experienced in arranging visits to various parts of the County for the purpose of x-raying selected groups of the population. These included Mantoux positive school children, teachers, students and factory workers. The M.M.R. Unit visited Ailsa Hospital, Auchincruive College, Hansel Village, American Air Base and Scottish Aviation Limited.

The total is made up as follows:—

Factory Workers	951
School Teachers	488
Students	103
Mantoux Positive School Children	109
American Base, Prestwick	135
Ailsa Hospital (Patients and Staff)	707
General Public	87

2,580

These surveys brought to light 1 case of active pulmonary tuberculosis and 22 requiring further observation.

(d) Epileptics and Spastics.

Seven epileptic cases are resident in the colony at Bridge of Weir.

There are 115 children in the County area who suffer in varying degree from cerebral palsy. These can be divided into different categories as follows :—

Thirty-nine spastic children whose intelligence is sufficiently unimpaired (though their physical handicaps vary widely) attend ordinary schools.

Of those who are mentally or physically handicapped to such a degree as to require education in Special Schools, 16 are accommodated within the County (including 2 resident pupils at St. Leonard's Home), 13 are resident in Special Schools outwith the County, 1 receives tuition at home on account of severe physical disability, 6 are under observation at home until a final assessment can be made, and 2 are awaiting admission to Special Schools. There are 9 known spastics among the pre-school children.

There are 29 ineducable spastic children, 7 of whom are in Certified Institutions, 6 at home and 16 in Occupational Centres. Some of these are on the waiting lists for admission to suitable institutions.

A close liaison exists between the Medical Department and the local Orthopaedic Specialists. Practically all spastic children are under their supervision and, where necessary, are referred to them by the School Medical Officers for further physical assessment and treatment. Speech therapy can be undertaken at the request of the specialist for any of these cases which are considered suitable by the Organiser of the Child Guidance Service. Information regarding Intelligence Assessments is made available if desired.

A part-time Physiotherapist is employed by the Local Authority. Her work concerns physically handicapped children at Park School, Kilmarnock and St. Leonard's School, Ayr. Two half-day sessions per week are undertaken at each place.

The Scotsraig Committee of the Scottish Council for the Care of Spastics continues to operate a Mobile Physiotherapy Unit which provides treatment for severely physically handicapped children at their homes.

(e) Convalescent Home Provision.—This Local Authority does not maintain a convalescent home in its area. The only existing arrangement with a voluntary organisation is with the Saltcoats Mission Coast Home to which an annual donation is made by the Local Authority and in return two subscribers' lines are given each year for the admission of suitable cases selected by the County Medical Officer.

(f) Chiropody.—The Service has continued to meet increased demands with some difficulty partly on account of delay in obtaining an additional member of staff and partly due to the general increase in patients. The number of full-time Chiropodists employed by the County Council remains at seven.

The arrangement by which the Service in the Girvan area was conducted by the employment of a private practitioner on a sessional basis has continued satisfactorily but has required the addition of two extra sessions per month to meet increasing demands; 14 sessions per month are now worked in this way covering Girvan, Colmonell, Barr and Barrhill.

At the request of the Red Cross the service hitherto provided by them in the Irvine Valley area was transferred to the County Council in March; the local practitioner employed by the Red Cross over a number of years was re-engaged on a sessional basis of 20 per month.

The Largs area including West Kilbride, Fairlie and Skelmorlie continues to meet the needs of local residents of suitable age. It is complementary to that provided directly by the Local Authority from whom it receives an annual grant.

These arrangements on the fringes of the County enable the full-time staff to concentrate on the central areas and save much travelling time.

The Service is restricted to old people in the community who would not otherwise be able to receive the attention to their feet necessary to their welfare. The Chiropodist operate mainly at fixed Clinics so that as many cases as possible may be seen in a given time. Domiciliary care is restricted to those who are unfit to attend. In most areas Local Authority Clinic premises are available; elsewhere they are rented from various local organisations.

Over the past eight years the chiropody service has gradually expanded to meet the needs of an increasing number of elderly people who are incapacitated in varying degrees by foot ailments. Treatment is provided free of charge and, with a few exceptions, is confined to people of pensionable age.

A register of patients who have received an initial treatment is kept and each receives a card bearing the date and time of their

next visit. As far as possible the various Clinics are held at regular intervals. As new areas are served the principle of close association with local Old People's Welfare Associations has been maintained. Representatives from these organisations have been of great help in advising on the needs of their areas and by assisting at the Clinic sessions. Local Doctors and Nurses also refer suitable cases for appointments.

Regular Clinics are established as indicated below and periodic visits are made to Old People's Homes. A certain amount of domiciliary visiting is undertaken as circumstances permit.

Clinics—

Annbank, Ardrossan, Auchinleck, Ballantrae, Barr, Barrhill, Beith, Catrine, Colmonell, Crosshouse, Cumnock, Dalmellington, Dalrymple, Dalry, Darvel, Dreghorn, Dundonald, Dunlop, Galston, Girdle Toll, Girvan, Hurlford, Irvine, Kilbirnie, Kilmaurs, Kilwinning, Logan Toll, Mauchline, Maybole, Monkton, Muirkirk, Newmilns, Patna, Prestwick, Saltcoats, Springside, Stevenston, Stewarton, Tarbolton and Troon.

Domiciliary Districts—

Crosshill, Dailly, Drongan, Dunure, Fenwick, Kirkoswald, Maidens, Shewalton, Straiton and Symington.

Old People's Homes—

Birkenward House, Skelmorlie; Lainshaw House, Stewarton; Largs Home, Largs; Nether Auchendrane, by Ayr; Dunselma, Fenwick (Church of Scotland); Haylie House, Largs.

During the year the County Chiropodists attended 4,884 patients and gave 18,183 treatments; this compares with 4,711 patients and 16,993 treatments in the previous year. In addition the private practitioner at Girvan gave 618 clinic treatments and 215 domiciliary treatments; this compares with 604 clinic and 199 domiciliary treatments in the previous year.

In the Irvine Valley Area during the year 1,271 treatments were given at clinic sessions and 378 domiciliary visits paid; in all 259 patients benefited.

In the Largs and Skelmorlie areas 933 treatments were given, 300 of these were domiciliary and 633 at clinics.

With regard to visits to Old Folk's Homes, 100 treatments were given at Haylie House, 119 at Birkenward House and 11 at the Retreat, Largs, a total of 230.

(9) Control of Infectious Diseases.

(a) Diseases Notified under the Infectious Disease (Notification) Act, 1899, and subsequently confirmed.—

Smallpox.—No case occurred of this disease.

Diphtheria (including Membranous Croup).—For the thirteenth successive year there were no cases of Diphtheria.

The following are the cases and the deaths since 1939, grouped, in five year periods :—

					Cases.	Deaths.
1939-1943	...	...	...	...	2,361	75
1944-1948	...	...	...	...	867	28
1949-1953	...	...	...	...	9	1
1954 to date	...	...	...	...	Nil	Nil

The Diphtheria Immunisation Campaign began in 1936.

Erysipelas.—The number of cases was 6, compared with 8 in 1963. There were no deaths.

Scarlet Fever.—During the year there were 73 cases of Scarlet Fever, compared with 56 in the previous year. The cases were of a mild nature.

Enteric Fever (including Typhoid and Paratyphoid Fever).—Nine cases of Paratyphoid B Fever occurred in a hospital geriatric unit. Fortunately the diseases was of a mild nature.

Regular conferences between Hospital Staff, Bacteriologists and Public Health Staff were held and all practical measures instituted to control the infection.

No case of Typhoid Fever occurred.

Puerperal Fever.—No case has occurred since 1959. The following are the cases and deaths since 1945, in five-yearly periods :—

					Cases.	Deaths.
1945-1949	...	...	...	...	44	1
1950-1954	...	...	...	...	5	1
1955-1959	...	...	...	...	2	—

(b) Diseases Notified in terms of Regulations of the Scottish Home and Health Department and subsequently confirmed.—

Puerperal Pyrexia.—No case was notified.

Cerebro-Spinal Fever.—Four cases occurred compared with nine cases in the previous year. There were two deaths.

Poliomyelitis.—During the year there were no cases of Poliomyelitis.

The following are the cases and deaths since 1955 :—

	Cases Deaths			Cases Deaths	
1955	21	1	1960	—	—
1956	17	1	1961	—	—
1957	13	1	1962	6	—
1958	22	3	1963	1	—
1959	5	—	1964	—	—

Dysentery.—There were 94 cases notified during the year compared with 102 cases in the previous year. There was no major outbreak.

Ophthalmia Neonatorum.—No case occurred. The last case recorded was in 1954.

Acute Influenzal and Acute Primary Pneumonia.—The numbers were of the former Nil and of the latter 120. During the previous year the numbers were 8 and 216 respectively.

Malaria.—No cases occurred.

Infective Jaundice (*Spirochaetosis icterohaemorrhagica*).—This disease did not occur. Nothing was recorded in the previous year.

Whooping Cough.—There were 19 cases notified during the year, compared with 18 cases in the previous year.

Food Poisoning.—Three cases were notified.

(10) Mental Health Service.

(a) Mental Patients.—The Mental Health Officer dealt with 5 admissions to the Mental Hospital during the year (males 3, females 2).

Under arrangements made between the Mental Hospital and the Local Authority, 16 patients were referred for further supervision from the Hospital during the year: 18 medical visits and 74 social visits were paid to these patients.

(b) Mental Patients under guardianship.—Mental Patients under guardianship receive a minimum of four visits yearly by the Mental Health Officer and the Responsible Medical Officer on behalf of the Local Authority. They are visited periodically by Medical Commissioners from the Mental Welfare Commission.

The following are the particulars of County Mental Patients in the care of Private Guardians as at 31st December, 1964 :—

In Private Guardianship

Where Boarded.	With Relatives.	With Strangers.	Totals.
Mental Defectives—			
Within the County	11	5	16
Outwith the County	2	8	10
Totals at 31st December, 1964	13	13	26
Totals at 31st December, 1963	14	15	29
	Males.	Females.	Total.
Number of Defectives admitted to Institutions during the year	9	3	12

Under the extended powers of the Mental Health (Scotland) Act, 1960, a total of 370 mentally handicapped persons (males 200, females 170) were informally supervised. In addition a total of 130 persons (males 79, females 51) were visited and found not to be requiring further supervision for a variety of reasons, either working satisfactorily, married, left district or admitted to Institutions.

During the year two mentally handicapped children were provided with a holiday at the Scottish Society for Mentally Handicapped Children's Home, Craigrownie Castle, Cove, Dunbartonshire.

A Holiday Camp was arranged for the mentally handicapped attending the County's four Senior Occupational Centres at Ballantrae during the month of July. 48 Ayr County; 14 Ayr Burgh; and 9 Kilmarnock Burgh attended.

(11) Relative Cost of Individual Health Services.

<i>Service.</i>	<i>Gross Cost, 1964-65.</i>	<i>Relative Percentage Cost.</i>
Care of Mothers and Young Children (including Residential Nurseries and Priority Dental Service)	£81,724	21·8%
Nursing Service (Midwifery, Health Visiting and Home Nursing)	129,645	34·7%
Vaccination and Immunisation	5,895	1·6%
Prevention of Illness—Care and After-Care (Tuberculosis, Epileptics, Chiropody, Equipment)	21,695	5·8%
Home Help Service	91,871	24·6%
Control of Infectious Disease	714	0·2%
Port Health Administration	7,678	2·1%
Mental Health	15,155	4·1%
Milk Officers	8,228	2·2%
Sundry Expenditure	11,048	2·9%
	£373,653	100%

C.—PORT HEALTH ADMINISTRATION.

Seaports.—No special problems arose in connection with the administration of the Public Health (Ships) (Scotland) Regulations, 1952, at Ardrossan, Irvine and Troon. In no case was it necessary to detain a ship.

None of our three seaports is approved for the issue of deratisation certificates.

Airport.—At Prestwick Airport the work of the Port Medical Officer and the Medical Inspector of Aliens was carried out as in previous years.

RETURN OF TREATMENTS GIVEN BY AIRPORT NURSES
FOR THE YEAR 1964.

	<i>Medical</i>	<i>Surgical</i>	<i>Burns</i>	<i>Eyes</i>	<i>Ears.</i>	<i>Misc.</i>	<i>Total.</i>
January ...	41	37	1	2	3	3	87
February ..	48	33	8	2	—	—	91
March.....	57	41	9	13	2	4	126
April.....	53	38	6	14	—	—	111
May.....	36	27	11	12	4	—	90
June.....	53	79	4	19	6	11	172
July.....	49	65	1	11	4	8	138
August.....	60	71	3	5	—	13	152
September.	48	67	5	18	2	9	149
October....	67	95	16	13	7	4	202
November.	100	50	12	9	1	—	172
December .	71	92	9	15	6	13	206
TOTALS.....	683	695	85	133	35	65	1,696

D.—FOOD SUPPLY.

Milk (Special Designations) (Scotland) Order, 1951

Certified and Tuberculin Tested milk as produced on Ayrshire dairy farms was sampled and tested throughout the year in accordance with the provisions of the above Order, the prescribed Plate Count and Coliform Test results being summarised as follows :—

Designation.	No. of Producers at 31/12/64.	No. of Samples.		No. of Producers with						Percentage Failures.
		Taken.	Failing.	1 Failure.	2 Failures.	3 Failures.	4 or more Failures.	3 Consecutive Failures.	4 or more Consecutive Failures.	
Certified ...	27	252	39	8	3	1	5	3	—	15.4
Tuberculin Tested ...	1316	7392	956	301	163	53	37	30	8	12.9

With proportionately fewer samples being taken due to a drop of 52 in the overall number of milk producers, the incidence of sample failure showed very little difference from the previous year, 15.4% as against 16.1% for Certified milk, and 12.9% as against 12.4% for Tuberculin Tested milk.

Recurring sample failures coupled with faults in methods of production led to three producers appearing before the Health Committee; two were given severe warnings while the third had his Tuberculin Tested licence suspended. In Ayrshire this course of action has always been the last resort, every effort being made by the Council's Milk Officers to advise dairy farmers in the hygiene of milk production rather than simply confront them with a list of shortcomings either in their milking routine or in the washing and sterilising of utensils. Just under 2,000 such inspections were made, in the course of which a great deal of time had to be spent in supervising washing-up methods because of the increasing use of chemicals; in addition, some 600 more farm visits were made for the purpose of swabbing and rinsing milk equipment to assess the efficiency of sterilisation.

Bulk Storage and Collection of Milk.—The year saw an amazing rise in the number of producers going in for bulk cooling and storage of milk, with 139 bulk tanks being installed to bring the total number of farms thus equipped to 417.

Although the results of routine milk sampling from bulk tanks are included in the general analysis of Tuberculin Tested samples already given, the following breakdown of bulk storage samples with the preceding two years' results for comparison may be of interest :—

Year.	No. of Farms.	No. of Samples Taken.	No of Failures due to					No. of Samples giving Bacterial Count.				Percentage of Failures due to Coliform Only.
								Under 100,000		Over 200,000		
			High Count Only.	Coliform Only.	High Count & Coliform	Total.	Percentage.	No.	Percentage.	No.	Percentage.	
1962...	181	1086	14	89	6	109	10.0	1047	96.4	20	1.8	81.6
1963...	279	1474	20	111	19	150	10.2	1405	95.3	39	2.2	74.
1964...	417	1880	39	173	40	252	13.4	1754	93.3	79	4.2	68.6

It is disappointing to record an increase of more than 3% in the samples failing to satisfy the prescribed bacteriological tests which shows that, while the system has undoubted advantages in the shape of improved cooling and storage, these in no way lessen the need for the utmost care in methods of production. Indeed, it may be stated that, with more and more milk pipelines being installed, there is an even greater need for ensuring that milk from any cow in the "doubtful" or "suspect" category does not reach the bulk tank.

As stated earlier, the efficiency of sterilisation was checked by taking swabs and sterile rinses of equipment, including bulk tanks, milk pumps and pipelines, no fewer than 3,142 swabs and 484 rinses being submitted to the Area Laboratory of the Regional Hospital Board.

Pasteurised Milk.—Milk pasteurised in the County's five pasteurising dairies was sampled regularly throughout the year, the two "holder" or "batch" plants being subjected to rather more sampling than the three dairies where the H.T.S.T. process of pasteurisation was in operation.

Of 62 samples taken, 4 proved unsatisfactory, 2 failing to pass the Phosphatase Test which denoted improper pasteurisation, while the other 2 failed on account of the presence of coliform bacilli. It is significant that all four sample failures occurred at the two "batch" plants where the pasteurising process was subject to manual control and where fixed cascade coolers were in use.

Sampling of Milk Sold by Retail.—With Certified milk being sampled regularly on the farm of production and a similar check being made at pasteurising depots, most of the samples of milk as sold by retail were of Tuberculin Tested milk from dairymen who purchase bulk supplies and bottle same in their own premises.

The results of sampling and testing, which shows very little variation from the previous year, are as follows :—

<i>Grade of Milk.</i>	<i>Samples Taken.</i>	<i>Number Failing.</i>
Certified	5	1
Tuberculin Tested ...	170	19
Pasteurised	35	2

The usual check on bottle washing both on farms and in the smaller dairies was continued and some 200 washed bottles were subjected to sterile rinse examination at the Laboratory.

Milk-in-Schools Scheme.—Throughout the small burghs and landward area of the County, 139 Local Authority and 7 Private Schools received daily supplies of bottled milk in terms of the Scheme.

Pasteurised milk was distributed from creameries in Ayr, Cumnock, Kilmarnock, Kilmaurs, Saltcoats and Greenock to all but seven schools, the exceptions again being Ballantrae, Barrhill, Colmonell, Kildonan, Pinwherry, Pinmore and Straiton schools which, because of their situation, received local supplies of Certified or Tuberculin Tested milk.

Samples from the various supplies were taken at intervals during the school terms, the results being summarised as under-noted:—

<i>Grade of Milk.</i>	<i>Samples taken.</i>	<i>Samples failing.</i>
Certified 	3	—
Tuberculin Tested ...	10	—
Pasteurised 	51	1

Scottish Milk Testing Scheme.—The objects of this Scheme, inaugurated in 1946, were to prevent the inclusion of milk of unsatisfactory keeping quality in the bulk supplies and to encourage and assist producers to improve their standards of milk production generally.

The Scheme was, of course, a voluntary one with creameries carrying out a Daily Inspection Test on every incoming can of milk and rejecting any found to be unsuitable by reason of abnormal appearance, smell or flavour; in addition a Weekly Resazurin Test was carried out on each producer's supply for keeping quality; in later years, a check was also made on the temperature of milk being received while a monthly test for compositional quality was carried out on each individual consignment.

On receiving notice from a creamery that a milk supply had failed to pass one or other of the tests, the farm concerned was visited by a Milk Officer in an effort to secure the necessary improvement.

With the Scottish Milk Marketing Board bringing into operation their own Milk Quality Testing Scheme, the results of which incidentally are not to be made available to Local Authorities, the Secretary of State decided to terminate the Scottish Milk Testing Scheme with effect from 1st April, 1964.

Up to that date, 52 Daily Inspection Test and 17 Weekly Resazurin Test failures had been reported and some 700 gallons of milk rejected by those creameries still operating under the old scheme.

The Public Health Aspect of the Milk Supply

Although there was no repetition of the outbreak of teat ulceration among milking cows which gave cause for concern during the latter part of 1963, the condition was again spotted by a Milk Officer on a Tarbolton farm early in November whereupon a personal inspection was made with a Veterinary Officer of the Department of Agriculture and Fisheries. Milder infections on two Ochiltree farms were noted by another Milk Officer a week or two later, while a fourth case on a farm in Stewarton Parish was reported by the Divisional Veterinary Officer towards the end of the year. Precautions were taken in each case and producers warned against including milk from affected cows in their bulk supplies.

One instance of brucellosis came to light resulting from a confirmed case of undulant fever in Glasgow; Certified milk from two herds was suspected and investigation was immediately put in hand. The producers had a full veterinary check made of the herds and, out of two hundred cows tested, four were apparently excreting brucella organisms; three of these animals were slaughtered, the fourth was isolated on a non-dairying farm until calving and was thereafter slaughtered. Six other cows in the "doubtful" category, which were nearing the end of lactation, were put dry until calving, after which they were re-tested with satisfactory results. It should be stated that the incident came as something of a shock to the producers who believed their herds to be brucella-free having undergone two earlier veterinary checks, in the course of which only one animal had given a positive result and was disposed of.

A salmonella typhi-murium infection among stirks on a Galston farm led to stringent measures being taken to protect the milking cows as the milk from this particular farm was being consigned to a local dairy for human consumption in the raw state; the young animals were isolated and a worker was made responsible for their feeding and cleaning arrangements, at no time going into the dairy byre. Milking was carried out by the farmer and his family who maintained a high standard of hygiene and were successful in preventing the infection from spreading to the dairy herd. Samples of milk were examined and found to be free from salmonella organisms.

In the light of the above incidents, albeit isolated, in a large milk producing County, I would again state that efforts to supervise and improve hygienic methods of production must continue relentlessly ; furthermore, it may be that a much closer look will have to be paid to the presence of potentially harmful organisms in milk.

E.—WELFARE SERVICES

(1) National Assistance Act, 1948

Section 21 — Residential Accommodation.

The County Council maintains four Homes for old people in the County—Birkenward House, Skelmorlie ; Lainshaw House, Stewarton ; Largs Home, and Nether Auchendrane House, near Ayr, with, in addition residential accommodation at Ayr Welfare Home and Ravenspark Hospital, Irvine.

	<i>Birkenward.</i>		<i>Lainshaw.</i>		<i>Largs.</i>	<i>Nether Auchendrane.</i>		<i>Ravenspark Hospital, Irvine.</i>		<i>Welfare Home, Ayr.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
No. Admitted from 15/5/64 to 15/5/65 ...	8	10	4	25	3	10	10	42	10	27	39
No. Discharged from 15/5/64 to 15/5/65 ...	7	11	3	21	6	8	9	37	10	27	42
No. of Beds occupied 15/5/64 ...	7	18	14	26	3	9	16	75	39	22	28
Total No. of Beds	7	18	14	27	6	12	17	No	specified	no.	

At the end of the year all Homes were fully staffed :—

	Supervisor	Housekeeper	Cook	Maids	Gardener/ Handyman
Birkenward	1	1*	—	3	1
Lainshaw	2	1	1	8	1
Largs	1	—	—	1**	—
Nether Auchendrane	2	1	1	5	—

*Acts as Cook.

**Part Time.

In addition 13 males and females were accommodated in Voluntary Homes and 1 male in another Authority Home.

Number of maintenance days at :—

	Males	Female	Total
Birkenward House, Skelmorlie	2,220	6,204	8,424
Lainshaw House, Stewarton	4,964	9,303	14,267
Nether Auchendrane House, by Ayr	4,040	5,765	9,805
Largs Home, Largs	—	2,651	2,651
Ravenspark Hospital, Irvine	26,033	14,077	40,110
Welfare Home, Ayr	8,782	12,032	20,814
Voluntary Homes	5,571	8,359	13,930
Other Local Authority Homes	1,193	1,059	2,252
	52,803	59,450	112,253

Section 29—Welfare Services for the Handicapped.

Blind Persons.—The Annual Report on the Domiciliary Blind shows that the number of registered blind in the County area was 315, the number of visits paid to blind persons in their homes was 1,095. Other visits in connection with blind 309, the number of lessons given to blind in their homes and in classes 434. During the year 15 socials were organised and the annual outing to Millport was attended by 128 blind persons. 7 blind persons spent a holiday at the Missions' Holiday Home.

Deaf and Dumb Persons.—The County Council delegates the function with regard to the Welfare of the Deaf in Ayrshire to the Ayrshire Mission to the Deaf and Dumb.

The Annual Report shows that there are 210 deaf persons on the County Register and that 863 visits were made during the year by the Missioner. This number includes 46 visits to hospitals. Monthly religious services were conducted at Catrine and Kilwinning when a regular attendance was obtained. Holy Communion was observed in May and November and a Baptism took place in February. A deaf man from Troon left Ailsa Hospital after thirteen years. Employment was found for him where he has proved to be very satisfactory. There are now three deaf men still in the Hospital. Thrift is encouraged among the members and there operates in the Mission a Sickness Benefit Scheme, Life and Endowment Schemes, a Savings Bank and a Holiday Fund and advantage is being taken of all these. An Ayrshire man this year won the Individual Deaf Snooker Cup and the Ayrshire Team won the Scottish Deaf and Dumb Intermission Billiards Trophy. Thirty Old Age Pensioners spent a week's holiday at Largs and the annual bus trip this year went to Balloch and Helensburgh. A Christmas Party for the deaf children and children of deaf parents was held in Ayr and Kilmarnock and the Old Folks received a parcel of seasonable fare.

Hard of Hearing Persons.—The Ayr and District Hard of Hearing Club still continues to flourish and regular meetings are held throughout the winter. Instruction is given in lip-reading and a varied social programme is organised.

Welfare Services to Disabled. — The number of registered disabled persons stands at 502 males and 530 females. Regular visitation is maintained and adaptations made to houses and aids provided where necessary.

Shown below is a table of the number of aids provided to physically handicapped persons within the County :—

Interior Aids	Ramps	Access Pathways	Handrails	Miscel.
59	10	7	42	5

Centres for the physically and mentally handicapped continue as last year and the average numbers attending the Centres are as follows :—

Handicap	Kilwinning	Ayr and District	Auchinleck	Kilmarnock
Physical	23	—	43	—
Mental	41	19	19	7

During the year the Centres continued to be supported by local people and many generous donations were received. Summer outings and Christmas Parties were arranged by every Club.

During the year six severely physically handicapped persons were sponsored for Red Cross Holidays at Kings Knoll, North Berwick and two physically handicapped for a holiday at the Cheshire Foundation Home. The Council also maintains two severely physically handicapped people in the Cheshire Foundation Home for Chronic Sick at Carnsalloch, Dumfries and also maintains seven physically handicapped young people in residence and training at Red Cross House, Largs; one is employed in the Sheltered Workshop. One Epileptic is provided with training at the Scottish Epilepsy Workshops in Glasgow and one is maintained in the Hostel run by the Church of Scotland. Six were accommodated for treatment and training in the Colony for Epileptics at Bridge of Weir.

Welfare of the Aged.—There are 41 Old People's Welfare Committees in the County.

Co-operation between Local Old People's Welfare Committees and Women's Voluntary Service Centres continues to be maintained for the provision of Meals on Wheels Services. Shown below is a Table giving number of meals provided throughout the County.

	<i>Approximate number of meals supplied.</i>	<i>Approximate number of persons receiving meals.</i>	<i>Number of days on which meals are supplied.</i>
			<i>Days per week.</i>
Ardrossan ...	2,720	13	5
Cumnock ...	2,450	25	2
Darvel... ..	1,800	17	2
Girvan... ..	1,220	15	2
Irvine	3,320	38	2
Largs	3,020	31	2
Saltcoats ...	4,500	32	5
Netherthird ...	850	10	2
Logan	1,870	25	2

Efforts continued in preventive social work with families, problems mainly met were rent arrears, hire purchase debts and bad home management. During the year 95 families were visited for marital difficulties, rent, H.P. and electricity arrears. In one Burgh alone, the sum of £470 was recovered for rent arrears. Preventive work of this kind requires intensive social work and the Department has not yet the resources to tackle the problems adequately.

Section 37.—Registration of Homes for Disabled Persons and Old People.

The Church of Scotland Home, Dunselma, Fenwick ; South Beach House, Ardrossan ; Haylie House, Largs ; Davidson Home, Girvan ; Rosemount, Stanecastle ; Cubrieshaw Hall, West Kilbride ; these provide for the care of the aged and Red Cross House, Largs, which provides care and training for severely disabled young people, are registered under this Act.

Section 47.—Removals to Suitable Premises of Persons in Need of Care and Protection.

No compulsory removals were carried out during 1964.

Section 48.—Temporary Protection for Property of Persons admitted to Hospitals, etc.

During the year two requests were made for the services of the Local Authority.

F.—MISCELLANEOUS SERVICES.

(1) Nursing Homes Registration (Scotland) Act.

There is one registered Nursing Home, having a total accommodation for 12 medical cases.

(2) Health Education

Members of the medical staff gave talks to various organisations on health subjects in response to requests during the winter months.

The services of Dr. G. G. Murphy, Medical Lecturer of the Scottish Council for Health Education, were obtained during two separate weeks of the year. Advantage was taken of his visits by arranging detailed programmes of various health topics of interest for schools in the Ayr and Ardrossan areas. Morning and afternoon sessions were held and a large number of pupils benefited from the talks. Apart from these official visits, films supplied by the Council were used freely in schools and by other organisations.

Leaflets, posters and other media on many aspects of healthy living are produced by the Scottish Council for Health Education and are available on request. These are used for distribution and display mainly at child welfare centres and doctors' surgeries. Films and film strips are increasingly used by lecturers on health matters to illustrate various subjects.

(3) Accidents in the Home

During the year 107 accidents were reported by the District Nurses—52 males and 55 females were affected.

The greatest incidence was in the under 2 age group with 52 cases. The 2-5 age range accounted for 41 and children between 5-15 contributed 5. 9 adults were reported; 2 of these were males aged 24 and 82 respectively; there were 7 females of whom 4 were in the age ranged 65-85, 2 between 55-65 and the other 24 years.

Of the 107 accidents reported burns and scalds accounted for 70—5 adults and 65 children; falls responsible for bruising, lacerations and fractures numbered 17—3 adults and 14 children; 5 children swallowed tablets or other medicaments in poisonous doses though all recovered; 7 children were asphyxiated though one recovered and 8 accidents were the result of mishaps from other causes.

The number of fatal accidents recorded was 8, comprising 2 males and 6 females, as against 4 in the previous year. In one instance, death was due to the bed being set on fire by a lighted cigarette causing extensive burns. This case, a woman aged 70, had sustained a fractured femur two weeks before. A woman aged 84 died following a fracture of neck of femur resulting from a fall.

A boy of 12 died by strangulation with a rope from the kitchen pulley. The three toddlers died of asphxia, one choking on a sugar-coated nut and dying before her mother, who was in the house, had time to summon help which was quickly available. The other two children in this group were both strangled; in one case by a garden-swing rope becoming entangled round her neck and the other falling from the garden wall and his clothing catching on a nail and becoming tightened round his neck. The two infants were found dead in their cots presumably having suffocated during the night.

Twenty-eight of all accidents were classified as serious and in 22 instances the patients required hospital treatment; 4 adults and 24 children under 5 were affected. Of the adults a male aged 42 fell asleep in his chair with his feet on the mantelpiece; he awoke to find both feet in the fire. Subsequently his left foot required to be amputated and skin grafting applied to the other. Another case sustained an injury to the leg following an explosion in a gas oven. The other two adult cases in this group received burns, one from a faulty switch while ironing and the other who fell while carrying a pot of hot soup. The children who were involved in serious accidents were in 15 instances the victims of burns and scalds; 3 had falls resulting in fractures of the limbs; 4 swallowed medicinal tablets; 1 had the tip of her finger severed in the hinge of a door and 1 was almost asphyxiated by swallowing a Dinky feeder.

The heavy preponderance of accidents due to burns and scalds involving young children points to the vital necessity of exercising care in the preparation and serving of hot liquids in the home; a high proportion of these children were injured by cups of tea or kettles of hot water being upset over them while the attention of the parent or other adult was distracted. The flexes of electric kettles and the lack of fire guards or their temporary removal were frequent factors in the causation of many of the accidents reported. Insufficiently protected electric fires and hot irons within reach of children were responsible in a number of instances.

Aspirin and iron tablets are found in most homes. Because they are in such common use and cause no ill effects in normal circumstances, they are often thought to be harmless. They do however present a constant danger to young children if they are

not kept out of reach in a locked cupboard. The poisonous effect of such tablets are frequently demonstrated by the number of child fatalities reported. Happily in the cases included in this report the children recovered after treatment.

The kitchen was again the scene of many scalding accidents when young children grasped or knocked over pots and kettles containing hot liquids while the mother's attention was occupied with the preparation of meals. This is without doubt the most dangerous room in the house for young children ; space is usually restricted and there are so many potential hazards that an active child is at risk while cooking is in progress.

The scene is set for domestic accidents when young children are left unattended even for brief periods, and when fires are not constantly protected or when hot liquids are within their reach. Adults in charge of children must use a degree of imagination if accidents are to be prevented. Trailing flexes, faulty electrical fittings, loose gas taps must receive attention. Discarded toys must be removed from stairs or the floor area. Medicines must be locked away and sharp instruments kept out of reach.

Casualties resulting from accidents in the home exceed those on the roads by almost 50 per cent. If this tragic total is to be reduced then everyone and especially those in charge of young children or the elderly must exercise constant vigilance. Nor must care and imagination be neglected by young, active adults since an undue proportion of the total mortality and morbidity occur in these age groups.

The Registrar General's return for the County area (excluding the large Burghs) showed that 50 persons died as a result of domestic accidents during the year; this total comprised 21 males and 29 females. These figures compare with 9 males and 31 females in the previous year.

The trend followed that of previous years in that a very large proportion of fatal accidents occurred at the extremes of life ; 11 deaths occurred in children under 5 and 30 over the age of 65. Among the elderly, death in a large proportion of cases was primarily due to falls resulting in fractures of the neck of the femur ; 5 deaths resulted from extensive burns and 2 from coal gas poisoning.

Old people due to failing power of observation and memory are liable to falls which frequently produce fractures of bones that have become brittle. The neck of the thigh bone is especially vulnerable in this respect and such a fracture is notoriously difficult to mend often requiring an open operation and internal splinting. The initial shock of such an accident or the length of time the patient has to spend in bed frequently lead to complications such as pneumonia which may accelerate declining powers of mind and body.

In order to minimise the risk of falls involving old people it is most important that every part of their dwelling should be well lighted and every care taken to ensure that floors and stairs should be kept clear of trailing flexes, loose mats and children's toys. Wherever necessary guide rails and other suitable aids should be provided and attention given to adequate fireguards and electrical heating equipment ; loose gas taps and other faulty fittings should be reported to the appropriate authority without delay.

The number of deaths due to asphyxia in infants emphasises the need for constant supervision by the mother during this vulnerable period in a child's life. If a pillow is used it should be of firm consistency and texture so that the child's head does not sink into it. Infants should never be left unattended in their prams and cots with a feeding bottle, ice-cream cone or other such article of food in their mouths. They should have the mother's constant attention while they are being fed and for some time afterwards in case the feed is regurgitated.

G.—GENERAL SANITATION.

General sanitation is dealt with fully in the Reports of the County Sanitary Inspector and the Sanitary Inspectors of the Burghs of Ardrossan, Cumnock, Darvel, Galston, Girvan, Irvine, Kilwinning, Largs, Maybole, Newmilns, Prestwick, Saltcoats, Stevenston, Stewarton and Troon.

TABLE I.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGHs.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardsrahan.</i>	<i>Cumnock.</i>	<i>Darvel.</i>	<i>Galtoun.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilwinning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Nearmains.</i>	<i>Prestwick.</i>	<i>Salcoate.</i>	<i>Stevenston.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and small Burghs.</i>
Tuberculosis of Respiratory System.....	2	2	1	—	—	—	2	1	—	—	—	—	—	1	—	—	9
Tuberculosis, other forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis and its sequelae.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections.....	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Acute Poliomyelitis.....	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Measles.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Infections and Parasitic Diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasms.....Total	221	25	12	10	9	20	22	14	38	13	6	21	39	15	9	27	501
Malignant Neoplasms of respiratory system.....	43	9	3	3	4	5	3	4	5	3	1	5	6	1	—	7	102
Malignant Neoplasms of lymphatic e/c. tissues.....	20	—	—	—	1	1	2	—	2	2	—	2	3	1	—	1	35
Other Malignant Neoplasms.....	158	16	9	7	4	14	17	10	31	8	6	14	30	13	9	19	364
Benign and Unspecified Neoplasms.....	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	4
Diabetes Mellitus.....	8	—	—	1	—	—	—	—	2	—	—	3	—	1	—	1	10
Anaemias.....	11	—	—	—	—	1	3	—	2	—	—	2	—	—	—	2	21
Other General Diseases.....	13	—	—	—	—	2	—	—	—	1	—	—	1	1	—	—	18
Vascular Lesions of Central Nervous System.....	225	19	8	10	9	21	27	11	41	8	14	26	33	26	13	27	518
Non-Meningococcal Meningitis.....	—	—	—	—	1	—	2	1	2	—	—	—	1	—	—	1	1
Other Diseases of Nervous System.....	17	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	24
Rheumatic Fever.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chronic Rheumatic Heart Disease.....	18	5	—	—	2	1	1	—	—	—	1	3	4	2	1	2	40
Arteriosclerotic Heart Disease: Coronary Disease.....	317	21	10	14	23	21	34	13	42	16	12	38	44	30	7	44	680
Degenerative Heart Disease.....	133	9	4	2	9	8	11	9	15	3	4	10	10	14	3	10	260
Other Diseases of Heart.....	18	1	—	—	1	2	2	—	—	—	—	—	2	4	2	2	30
Hypertensive Heart Disease.....	22	4	1	1	2	4	2	1	4	4	1	1	1	1	1	2	52
Other Hypertensive Disease.....	7	1	1	—	2	1	2	2	2	3	—	—	2	—	—	—	18
Other Circulatory Disease.....	36	4	2	5	—	1	2	2	0	3	—	0	3	2	1	5	78
Influenza.....	3	1	—	—	—	—	—	—	2	—	—	—	1	—	—	—	7
Pneumonia (except of newborn).....	19	1	2	—	1	2	4	—	4	—	—	—	1	2	1	5	43
Bronchitis.....	40	9	3	1	3	—	7	3	4	5	3	2	9	7	2	6	103
Other Respiratory Diseases.....	21	—	—	—	—	—	2	1	—	—	—	2	1	1	—	1	29

TABLE 1.—Continued.
CAUSES OF DEATH—LANDWARD AREA AND SMALL BURGHS—Continued.

<i>Causes of Death.</i>	<i>County Landward.</i>	<i>Ardrossan.</i>	<i>Cumnock.</i>	<i>Darvel.</i>	<i>Galloway.</i>	<i>Girvan.</i>	<i>Irvine.</i>	<i>Kilwinning.</i>	<i>Largs.</i>	<i>Maybole.</i>	<i>Nerburn.</i>	<i>Prestwick.</i>	<i>Sullova.</i>	<i>Stevenston.</i>	<i>Stewarton.</i>	<i>Troon.</i>	<i>Total—Landward Area and Small Burghs.</i>
Ulcer of Stomach and Duodenum.....	5	1	—	—	—	—	1	1	1	—	1	1	1	2	—	—	14
Appendicitis.....	1	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2
Intestinal Obstruction and Hernia.....	9	—	—	—	—	—	1	1	1	—	—	—	—	1	—	1	14
Gastritis and Duodenitis Enteritis etc. (except of newborn).....	14	1	—	—	—	1	1	—	1	1	—	1	2	1	1	—	22
Cirrhosis of Liver.....	6	1	—	—	—	1	1	1	1	—	—	1	1	—	—	—	12
Other Diseases of Liver.....	6	—	—	1	—	—	1	1	—	1	—	3	—	1	—	1	11
Other Digestive Diseases.....	6	—	—	—	—	—	—	—	—	1	—	1	—	1	—	1	12
Nephritis and Nephrosis.....	8	—	—	—	—	2	—	—	—	—	—	1	—	1	—	—	19
Hyperplasia of Prostate.....	5	1	—	—	—	3	—	1	1	1	—	1	1	—	—	—	12
Infections of Kidney.....	5	1	—	—	—	1	—	1	—	—	—	1	—	—	—	1	11
Other Diseases of Genito Urinary System... Deliveries and Complications of Pregnancy Diseases of Skin and Organs of Locomotion Congenital Malformations of Nervous System etc.....	1 — 7 4	— — — —	— — — —	— — — —	— — — —	— — — 1	— — — 1	— — — 1	— — — —	1 — — —	— — — —	— — — —	— — — —	— — — 1	— — — —	— — — —	— 8 8
Congenital Malformations of Circulatory System.....	5	—	—	1	1	—	3	—	—	—	—	1	1	2	1	1	11
Other Congenital Malformations.....	7	—	—	—	—	—	5	—	—	—	1	3	7	1	—	—	15
Birth Injuries, Post-Natal Asphyxia etc. Infections of newborn.....	18 1	— —	2 —	— —	— —	1 —	— —	— —	1 —	— —	1 —	— —	1 —	— —	— —	— —	39 3
Other Diseases of Early Infancy etc..... Senility without mention of Psychosis... Ill-defined and Unknown Causes.....	5 6 9	2 — 1	— — —	1 — —	— — 2	— — 1	1 2 1	— — 1	3 1 —	2 — —	— — —	— — —	— — 4	1 1 1	— — —	1 3 —	9 20 40
Motor Vehicle Accidents.....	27	3	—	—	1	1	2	1	—	—	—	—	1	1	—	—	1
Other Road Vehicle Accidents.....	—	—	—	—	3	3	1	1	1	—	—	5	4	2	1	2	50
Accidents in the home.....	27	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	22
Other Violence.....	16	—	—	—	1	—	2	1	1	—	—	—	2	1	—	—	22
Suicide and self-inflicted injuries.....	5	—	—	—	—	—	1	1	1	—	1	—	2	2	—	1	14
ALL CAUSES.....	1,838	113	46	47	70	98	148	63	175	59	46	144	189	129	46	147	2,856

TABLE II.

Births and Deaths in the County and Burghs.

Area.	Estimated Population.	Area in Acres.	Live-Births.	Still-Births.	Deaths at Sub-joined Ages.					Mortality from Sub-joined Causes.													All Other Certified Causes.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
					At all Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 Years and Upwards.	Smallpox.	Diphtheria.	Scarlet Fever.	Typhus Fever.	Enteric & Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Maternal Deaths.	Digestive Diseases.	Tuber- culous Diseases		Pneumonia except of New born.		Diseases of Respiratory System	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System	Violence. (Excluding Suicide)	Uncertified Causes.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
																				Pulmonary.	Non-Pulmonary.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
County—	130,512	702852	2573	49	1338	55	7	11	1265	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE III.

Density of Population, Birth Rate, Infantile and Other Death Rates.

County— Landward..... Small Burghs— Ardrossan..... Cumnock..... Darvel..... Galden..... Girvan..... Irvine..... Kilwinning..... Largs..... Maybole..... Newmilns..... Prestwick..... Saltcoats..... Stevenston..... Stewarton..... Troon.....	Persons to the Acre.	Birth Rate.	Maternal Mortality Rate (per 1000 births including still-births).	Still-Birth Rate (per 1 000 Births, including Still-Births).	Deaths under 1 Year of Age per 1,000 Births.	The Principal Zymotic Diseases.										Tuberculous Diseases.		Pneumonia except of New born.	Diseases of Respiratory System.	Influenza.	Cancer.	Diseases of Nervous System.	Diseases of Circulatory System.	Violence.
						All Causes.	Smallpox.	Diphtheria.	Scarlet Fever.	Typhus Fever.	Enteric and Paratyphoid Fevers.	Cerebro-Spinal Fever.	Measles.	Whooping Cough.	Digestive Diseases.	Pulmonary.	Non-Pulmonary.							
	0.19	19.7	—	19	21	10.3	—	—	—	—	—	0.02	—	—	0.36	0.02	—	0.15	0.47	0.02	1.69	1.85	4.22	0.54
	10.8	21.4	—	47	10	11.8	—	—	—	—	—	—	—	—	0.31	0.21	—	0.10	0.94	0.10	2.62	1.99	4.71	0.31
	11.6	23.3	—	22	15	8.06	—	—	—	—	—	—	—	—	—	0.18	—	0.35	0.53	—	2.10	1.40	3.15	—
	7.1	15.9	—	39	14.70	17.54	—	—	—	—	—	—	—	—	0.31	—	—	0.25	0.75	—	3.12	3.12	6.87	—
	14.0	18.6	—	13	17.54	15.88	—	—	—	—	—	—	—	—	0.32	—	—	0.32	—	—	2.66	2.50	9.77	1.25
	12.7	17.4	—	18	22.8	7.7	—	—	—	—	—	—	—	—	0.32	0.11	—	0.21	0.47	—	3.23	3.39	0.14	0.62
	10.6	22.8	—	9	22.8	8.44	—	—	—	—	—	—	—	—	0.40	0.13	—	0.32	0.54	—	1.16	1.53	2.85	0.26
	14.1	18.9	—	19	7	8.44	—	—	—	—	—	—	—	—	0.34	—	—	0.45	0.45	0.22	4.27	4.84	7.76	0.11
	7.3	11.4	—	19	20	19.68	—	—	—	—	—	—	0.21	—	0.43	—	—	—	1.07	—	2.79	1.72	5.58	—
	11.9	17.4	—	58	25	12.66	—	—	—	—	—	—	—	—	0.29	—	—	—	1.84	—	1.74	4.08	5.24	—
	5.4	17.5	—	33	33	13.4	—	—	—	—	—	—	—	—	0.48	—	—	—	0.32	—	1.68	2.07	5.28	0.40
	12.1	15.6	—	15	31	11.5	—	—	—	—	—	—	—	—	0.28	—	—	0.14	0.70	0.07	2.72	2.36	4.59	0.49
	14.8	21.9	—	16	51	13.2	—	—	—	—	—	—	—	—	0.56	0.09	—	0.18	0.75	—	1.41	2.45	4.98	0.47
	12.3	25.3	—	26	26	12.13	—	—	—	—	—	—	—	—	0.29	—	—	0.29	0.59	—	2.64	3.81	4.40	0.29
	5.9	18.5	—	16	14	13.49	—	—	—	—	—	—	—	—	0.20	—	—	0.50	0.60	—	2.71	2.81	6.53	0.50
	4.2	16.1	—	24	—	14.8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Landward and Small Burghs	0.35	19.6	—	19	23	11.3	—	—	—	—	—	0.01	0.004	—	0.34	0.04	—	0.17	0.52	0.03	1.98	2.14	4.62	0.45

TABLE IV.

Infantile Mortality		Rate per 1,000	
(1) Classified According to Age Groups :—		Deaths.	Births
Under 4 weeks	75	15.0	
Under 1 Year	114	23.0	
(2) Classified According to Causes of Death :—			
Tuberculosis	—	—	
Whooping Cough	—	—	
Measles	—	—	
Meningoccal Infections	1	0.2	
Influenza	1	0.2	
Pneumonia (except in Newborn)	5	1.0	
Gastritis, Etc. (except Diarrhoea of Newborn)	7	1.4	
Congenital Malformations	24	4.8	
Birth Injuries, Post-Natal Asphyxia and Atelectasis ..	39	7.9	
Other Diseases peculiar to Early Infancy	17	3.4	
Infections of Newborn	3	0.6	
Accidents in the Home	7	1.4	
All other Causes	10	2.0	

TABLE V.

Infectious Diseases—Year 1964.

Number of Cases coming to the Knowledge of the Medic 1 Officer of Health and accepted by him as Suffering from Disease stated.

County—	Anthrax.	Cerebro-Spinal Fever.	Diphtheria and Membranous Croup.	Dysentery.	Encephalitis Lethargica.	Enteric Fever. Para- typhoid—B.	Erysipelas.	Food Poisoning.	Jaundice, Acute Infective.	Malaria.	Pneumonia, Acute Influenzal.	Pneumonia, Acute Primary.	Polionmyelitis, Acute.	Puerperal Fever.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Scarlet Fever.	Respiratory.	Non- Respiratory.	Tuber- culosis.	Whooping Cough.
Landward.....	—	2	—	12	—	9	2	3	—	—	—	64	—	—	—	—	30	31	3	6	
Small Burghs—	—	—	—	60	—	—	—	—	—	—	—	6	—	—	—	—	4	4	—	4	
Ardrossan.....	—	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	4	—	—	—	
Cumnock.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	5	—	2	1	
Darvel.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	
Galston.....	—	—	—	1	—	—	—	—	—	—	—	10	—	—	—	—	8	12	—	1	
Girvan.....	—	1	—	4	—	—	1	—	—	—	—	4	—	—	—	—	1	2	1	—	
Irvine.....	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	4	1	—	
Kilwinning.....	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	1	1	—	—	
Largs.....	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	
Maybole.....	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	7	2	2	—	
Newmilns.....	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	7	1	1	
Prestwick.....	—	—	—	5	—	—	—	—	—	—	—	10	—	—	—	—	11	5	2	1	
Saltcoats.....	—	—	—	11	—	—	—	—	—	—	—	9	—	—	—	—	—	2	—	3	
Stevenston.....	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
Stewarton.....	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	1	1	1	
Troon.....	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Landward and Small Burghs	—	4	—	—	—	9	6	3	—	—	—	120	—	—	—	—	73	70	13	19	

TABLE VI.

Principal Infectious Diseases Confirmed Monthly in the County and Small Burghs.

<i>Diseases.</i>	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>April.</i>	<i>May.</i>	<i>June.</i>	<i>July.</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Total Cases.</i>
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria and Membranous Group	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	5	1	4	1	16	10	4	13	9	13	11	7	94
Erysipelas	—	1	—	—	—	—	—	2	—	1	1	1	6
Food Poisoning	—	—	—	—	—	—	—	—	3	—	—	—	3
Scarlet Fever	11	9	9	9	9	4	3	—	3	7	7	2	73
Jaundice, Acute Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid, Paratyphoid, and Continued Fevers	—	—	—	—	—	—	—	—	—	8	—	1	9
Pneumonia	21	8	13	11	14	8	5	3	7	18	9	3	120
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	1	2	—	—	—	—	—	—	1	4
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis—Pulmonary	6	7	4	10	6	6	3	6	5	4	4	9	70
Non-Pulmonary	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	43	26	30	32	47	28	15	24	27	51	32	24	379

TABLE VII.

INFECTIOUS DISEASES.—Return of Cases of Infectious Diseases Confirmed during the year ended 31st December, 1964, by Ages.

Diseases	Number of Cases coming to the knowledge of the Medical Officer of Health, and accepted by him as suffering from the stated Disease.									
	At Age—Years.									
	At all Ages.	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 65.	65 and upwards.	Cases not Removed to Hospital.
Anthrax.....	—	1	—	1	—	—	—	—	—	—
Cerebro-Spinal Fever.....	4	—	2	—	—	—	—	—	—	—
Chickenpox.....	—	—	—	—	—	—	—	—	—	—
Cholera.....	—	—	—	—	—	—	—	—	—	—
Continued Fever (Undulant).....	—	—	—	—	—	—	—	—	—	—
Diphtheria.....	94	6	30	14	8	16	6	9	5	17
Dysentery.....	—	—	—	—	—	—	1	4	1	2
Encephalitis Lethargica.....	6	—	—	—	—	—	—	—	—	—
Erysipelas.....	—	—	—	—	—	—	—	—	—	—
Jaundice, Acute Infective.....	3	1	1	—	—	1	—	—	—	—
Food Poisoning.....	—	—	—	—	—	—	—	—	—	—
Malaria.....	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum.....	—	—	—	—	—	—	—	—	—	—
Plague.....	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Influenzal.....	—	—	—	—	—	—	—	—	—	—
Pneumonia, Acute Primary.....	120	17	20	12	2	7	12	25	25	117
Pneumonia (not notifiable).....	—	—	—	—	—	—	—	—	—	—
Pollomyelitis, Acute.....	—	—	—	—	—	—	—	—	—	—
Puerperal Fever.....	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia.....	73	—	19	48	5	—	—	1	—	6
Scarlet Fever.....	—	—	—	—	—	—	—	—	—	—
Smallpox.....	—	—	—	—	—	—	—	—	—	—
Typhoid Fever.....	—	—	—	—	—	—	—	—	—	—
Paratyphoid "A".....	—	—	—	—	—	—	—	—	—	—
Paratyphoid "B".....	9	—	—	—	—	—	—	1	8	9
Typhus Fever.....	—	—	—	—	—	—	—	—	—	—
Whooping Cough.....	19	10	6	2	1	—	—	—	—	9
Total.....	328	35	78	77	16	24	19	40	39	164

TABLE VIII.—TUBERCULOSIS—STATISTICAL RETURNS, 1964.

Part 1.—Respiratory Tuberculosis.

(a) Number of Cases formally Notified or regarded as Notified during the year.

Age Groups.										
	Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	Total.
Males.....	—	—	2	3	6	13	6	7	7	44
Females...	—	—	2	7	5	3	2	4	2	25
TOTAL.....	—	—	4	10	11	16	8	11	9	69

60

(b) Number of Cases confirmed to be Suffering from Active Respiratory Tuberculosis during the year (excluding transfers in by another Authority).

<i>Age Groups.</i>										
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	<i>Total.</i>
Male	—	—	2	3	6	13	6	7	7	44
Female....	—	—	2	7	5	3	2	4	2	25
TOTAL	—	—	4	10	11	16	8	11	9	69

(c) Number of New Cases in Table (b) admitted to Hospital for Tuberculosis Treatment for the first time during the year.

	<i>Under 15 Years.</i>	<i>15 to under 45.</i>	<i>45 and over.</i>	<i>Total.</i>
Male.....	2	19	13	34
Female	1	13	6	20
TOTAL.....	3	32	19	54

HOSPITAL ADMISSIONS AND DISCHARGES (RESPIRATORY TUBERCULOSIS).

(d) Number of Patients Admitted to, Discharged from or Dying in Tuberculosis Hospitals, Sanatoria or Wards in other Hospitals reserved for the Treatment of the Tuberculous.

	<i>In Hospital on 1st January.</i>	<i>Admitted during year.</i>	<i>Discharged during the year.</i>	<i>Died in Hospital.</i>	<i>In Hospital on 31st December.</i>
Under 15 years					
{ Male.....	1	4	3	—	2
{ Female.....	1	1	2	—	—
15-45 years					
{ Male.....	12	25	27	—	10
{ Female.....	5	23	18	—	10
45 years and over					
{ Male.....	14	18	25	—	7
{ Female.....	7	9	14	1	1
TOTAL.....	40	80	89	1	30

(e) Number of Patients Dying from Respiratory Tuberculosis in Hospital Accommodation other than that Reserved for Tuberculous Patients.

Two.

WAITING LIST.

(f) Number on Waiting List for Admission to Hospital at 31st December (Respiratory Tuberculosis).

Nil.

PART II.—NON-RESPIRATORY TUBERCULOSIS.

(g) Number of Cases formally Notified or regarded as Notified as Suffering from Non-Respiratory Tuberculosis during the year.

	<i>Age Groups.</i>									<i>Total.</i>
	<i>Under 1.</i>	<i>1 and under 5.</i>	<i>5 and under 15.</i>	<i>15 and under 25.</i>	<i>25 and under 35.</i>	<i>35 and under 45.</i>	<i>45 and under 55.</i>	<i>55 and under 65.</i>	<i>65 and upwards.</i>	
Males.....	—	—	1	1	3	—	1	—	1	7
Females...	—	1	1	—	2	—	1	1	2	8
TOTAL.....	—	1	2	1	5	—	2	1	3	15

(h) Number of Cases Notified, or Intimated, Confirmed to be Suffering from Active Non-Respiratory Tuberculosis during the year (excluding Transfers in by another Authority).

Form.	Sex.	Age Groups.									
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards	Total.
1. Abdominal.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
2. Meningeal.	Males...	—	1	—	—	—	—	—	—	—	1
	Females	—	—	—	—	—	—	—	—	—	—
3. Miliary Tuberculosis	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	—	—	—	—	—	—	—
4. Bones and Joints.	Males...	—	—	—	—	—	—	1	—	—	1
	Females	—	—	—	—	—	—	—	—	—	—
5. Superficial Glands.	Males...	—	—	—	1	1	—	—	—	—	2
	Females	—	—	1	—	—	—	—	1	2	4
6. Genito Ur'ry Organs	Males...	—	—	1	—	1	—	1	—	—	3
	Females	—	—	—	—	1	—	—	—	1	2
7. Other Organs.	Males...	—	—	—	—	—	—	—	—	—	—
	Females	—	—	—	1	—	—	—	—	—	1
	Total...	—	1	2	1	4	—	2	1	3	14

PART III.—ANALYSIS OF TUBERCULOSIS DEATHS.

(1) Return of Number of Persons who Died from Tuberculosis in the Area during the year ended 31st December, 1964, with the period elapsing between Notification or Intimation and Death.

(Persons dying in Sanatoria, etc., are included in the figures for the area in which they had their home residence.)

		Respiratory.		Non-Respiratory.	
		Males.	Females.	Males.	Females.
Number of Persons who Died from Tuberculosis—					
Of whom—					
Not notified or notified only at or after Death	...	1	1	—	—
Notified less than 1 month before Death	...	—	—	—	—
Notified from 1 to 3 Months before Death...	...	—	—	—	—
Notified from 3 to 6 Months before Death...	...	—	1	—	—
Notified from 6 to 12 Months before Death...	...	—	—	—	—
Notified from 1 to 2 Years before Death	...	1	1	—	—
Notified over 2 Years	...	5	—	—	—
Total	...	7	3	—	—

PART IV.—THE TUBERCULOSIS REGISTER.

(1) Return of Number of Persons Resident in the Area at 31st December, 1964, who were known to be Suffering from Tuberculosis.

(Only Cases in which a Diagnosis of Tuberculosis has been confirmed have been included. Persons in Sanatoria, etc., are included in the figures for the Area in which they have their Home Residence.)

		Age Groups.									Total.
		Under 1.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 35.	35 and under 45.	45 and under 55.	55 and under 65.	65 and upwards.	
1. Respiratory.....	Males...	—	2	34	39	126	133	116	88	64	602
	Females	—	1	33	82	199	145	52	28	8	548
2. Non-Respiratory....	Males...	—	1	7	12	15	18	11	1	4	69
	Females	—	1	6	10	20	14	6	7	11	75

TABLE IX.
OUT-PATIENT CLINICS.

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
SCHOOL CLINICS—		
Girvan—Wesley Place.....	Second and Fourth Fridays.	2 p.m.
Hurlford—Academy Street.	First Monday.	2 p.m.
Irvine—Bank Street.....	Second and Fourth Fridays.	2 p.m.
Kilmarnock—Green Street.	Every Wednesday.	10 a.m.
Maybole—Carrick Home....	First and Third Fridays.	2 p.m.
Dalry—High School.....	Third Monday.	2 p.m.
Kilbirnie—Nurses' Home...	First Monday.	2 p.m.
CHILD WELFARE CENTRES—		
Annbank—4 Mauchline Rd.	Second and Fourth Tuesdays.	2 p.m.
Ardrossan—Central Avenue	Every Wednesday and Friday.	2 p.m.
Auchinleck—97 Back		
Rogerton Crescent.....	Second and Fourth Fridays.	2 p.m.
Beith—Strand.....	First and Third Tuesdays.	2 p.m.
Catrine—Well Road.....	First and Third Fridays.	2 p.m.
Coylton—Community		
Centre.....	First Wednesday.	2 p.m.
Crosshouse—Old School		
Building.....	First and Third Tuesdays.	2 p.m.
Cumnock—Millbank.....	First and Third Wednesdays.	2 p.m.
Dailly—The Institute.....	Second and Fourth Wednesdays.	2 p.m.
Dalmellington—		
Hopes Avenue	Second and Fourth Thursdays.	2 p.m.
Bellsbank Church Hall...	First and Third Thursdays.	2 p.m.
Dalry—James Street.....	Every Tuesday.	2 p.m.
Darvel—Lesser Town Hall	First and Third Fridays.	2 p.m.
Dreghorn—Local Welfare		
Office.....	Second and Fourth Tuesdays.	2 p.m.
Drongan—57 Hannahston		
Avenue	First and Third Tuesdays.	2 p.m.
Dundonald—Montgomerie		
Hall	Third Monday.	2 p.m.
Fairlie—Nurse's Home.....	First Thursday.	2 p.m.
Galston—Henrietta Street.	First and Third Wednesdays.	2 p.m.
Girvan—Wesley Place.....	First and Third Tuesdays.	2 p.m.
Hurlford—Academy Street.	Second and Fourth Wednesdays.	2 p.m.
Irvine—		
Bank Street.....	Every Thursday.	2 p.m.
Waterside Street.....	Every Thursday.	2 p.m.
Kilbirnie—Nurses' Home...	Every Wednesday.	2 p.m.
Kilmaurs—J.S. School.....	First and Third Fridays.	2 p.m.
Kilwinning—Ladyford Av..	Every Thursday.	2 p.m.

TABLE IX.—*Continued.*OUT-PATIENT CLINICS.—*Continued.*

<i>Place and Premises.</i>	<i>Day.</i>	<i>Hour.</i>
CHILD WELFARE CENTRES—		
Largs—Moorburn Road....	Second and Fourth Mondays.	2 p.m.
Lugar—Logan Church Hall	Second and Fourth Mondays.	2 p.m.
Mauchline—Sorn Road.....	Second and Fourth Fridays.	2 p.m.
Maybole—Carrick Home...	Second and Fourth Tuesdays.	2 p.m.
Monkton—Carvick-Webster Hall.....	First Monday.	2 p.m.
Muirkirk—Glasgow Road...	First and Third Mondays.	2 p.m.
Netherthird—22 Black- faulds Road.....	Second and Fourth Wednesdays.	2 p.m.
New Cumnock—The Glebe	First and Third Thursdays.	2 p.m.
Newmilns—Ayr Rd.....	Second and Fourth Mondays.	2 p.m.
Patna—27 Dalvennan Ave.	Second and Fourth Mondays.	2 p.m.
Prestwick—Boyd Street...	Every Tuesday.	2 p.m.
Saltcoats—Campbell Ave...	Every Tuesday.	2 p.m.
Springside—Welfare Inst...	First and Third Wednesdays.	2 p.m.
Stevenston—The Cross.....	Every Monday.	2 p.m.
Stewarton—Avenue Square	Second and Fourth Mondays.	2 p.m.
Tarbolton—36 Montgomery Street.....	Second and Fourth Wednesdays.	2 p.m.
Troon—41 Barassie Street	Every Thursday.	2 p.m.
West Kilbride—Masonic Hall.....	Second and Fourth Fridays.	2 p.m.
ANTE-NATAL CLINICS—		
Ardrossan—Central Avenue	Every Thursday.	10 a.m.
Cumnock—Millbank.....	Every Tuesday.	2 p.m.
Irvine—Bank Street.....	Every Monday.	10 a.m.
Kilbirnie—Nurses' Home..	Every Friday.	10.30 a.m.
Largs—Moorburn Road...	Every Thursday.	2 p.m.
Maybole—Carrick Home...	Every Tuesday.	10.30 a.m.
Prestwick—Boyd Street...	Every Friday.	10 a.m.
Troon—41 Barassie Street	Every Monday.	2 p.m.
Patna—Dalvennan Avenue	Every Wednesday.	10.30 a.m.
ORTHODONTIC CLINICS—		
Prestwick—Boyd Street...	Every Friday.	9 a.m.- 4 p.m.
Ardrossan—Central Avenue	Every Tuesday.	10 a.m.- 12.30 p.m.
Kilmarnock—Grammar School.....	Every Thursday.	10 a.m.- 12.30 p.m.

MEDICAL INSPECTION OF SCHOOL CHILDREN

1963-1964

Year ended 31st July, 1964

CONTENTS

	Page
I.—Staff	71
II.—General Statistics	71
III.—Sanitary Conditions of Schools	71
IV.—Organisation and Treatment	71
V.—The Findings of Medical Inspection—	
(a) Routine Examinations	74
(b) Special Examinations	77
VI.—Arrangements for Medical Treatment—	
(a) Minor Ailments	79
(b) Defective Vision	80
(c) Specialist Treatment	80
(d) Audiometric Testing	81
(e) Psychiatric Service	84
VII.—Dental Inspection and Treatment	85
VIII.—Special Schools and Classes, including Open-air Schools	86
IX.—Arrangements for Physical Education and Personal Hygiene of Children	89
X.—Other Activities in Relation to Health of School Children	90
XI.—Physical Condition of School Children	91

TABLES

I.—Total Number of Children Examined	91
II.—Systematic Examinations	93
III.—Summary of Systematic Examinations	100
IV.—Return of all Exceptional Children of School Age in the Area	102
V.—Dental Inspection and Treatment	105

I.—STAFF.

Reference is made to List of Staff shown on page 4.

II.—GENERAL STATISTICS

Population of the Area (at 31st December, 1963, as estimated by the Registrar-General)	345,900
Number of Schools— (1963-64)	
(a) Primary Schools under Education Authority ...	99
(b) Secondary Schools under Education Authority	
(1) Secondary Schools	32
(2) High Schools	10
(3) Senior Secondary Schools	12
(c) (1) Special Schools	13
(2) Special Classes in Ordinary Schools	1
(3) Nursery Schools	5
(4) Nursery Classes in other Schools	—
(d) In receipt of Grant from Education Authority under Medical Inspection	1
Average Number of Children on the Registers	60,133
Average Number of Children in Attendance	56,044

III.—SANITARY CONDITIONS OF SCHOOLS.

The Medical Officers on their visits to schools inspect the sanitation and any matters requiring attention are brought to the notice of the appropriate Official. In general the cleanliness of the schools was found to be satisfactory.

IV.—ORGANISATION AND TREATMENT.

School Nurses attend at the medical inspection and subsequently are supplied with a list of the cases to be followed up at home. They keep a register compiled from these lists and report where treatment is given and the condition remedied. The School Nurses also visit the schools between the School Medical Officers' inspections. The number of children visited at home during the year was 4,802 and the total number of visits paid was 4,966.

(a) System of School Medical Inspection and Arrangements for Following up.

The pupils examined at routine inspections were :—

- (1) All entrants and children not previously subjected in school to detailed routine inspections.
- (2) Children born in 1954.
- (3) Children born in 1950.
- (4) Children born in 1947.
- (5) Children born in 1956 (visual acuity and hearing only).

Before every routine visit to a school the Head Teacher is asked to produce for special medical examination any pupil who appears to suffer from any physical or mental disability and who has not received or is not receiving appropriate attention.

All children found defective at previous inspections were also re-examined.

Routine and special medical examinations of pupils attending schools in Ayr and Kilmarnock are carried out by the medical staff of the Burghs concerned, who also attend the respective minor ailment clinics and forward to the Chief School Medical Officer particulars regarding any children requiring special medical or educational treatment.

(b) Supervision of Infectious Disease, including School Closures.

As the medical inspection of school children is under the control of the Medical Officer of Health for each area, all notifiable cases of infectious disease are known. Where it seems to the Head Teacher that there is any undue incidence of non-notifiable disease he brings the matter to the notice of the School Medical Officer. No schools were closed as a result of infectious disease during the session.

(c) Co-ordination with Public Health Service.

In the County Area each Assistant Medical Officer is in charge of the School Health and Child Welfare work in a district, so that the same Medical Officer sees the child from birth to school-leaving age. The same arrangement exists in the Burghs of Ayr and Kilmarnock.

(d) Presence of Parents at Inspections.

The presence of parents is encouraged at school medical inspections. Many defects are pointed out to them, of which they were previously unaware, and thus the services of the family doctor are solicited earlier than otherwise would have been the case, with more satisfactory results in the way of prevention and cure. The number of parents who attended the routine inspections during the year was 4,954.

(e) Medical Inspection Rooms

Following a survey of the accommodation available for medical inspections in schools an analysis has been made of the information obtained from the Area School Medical Officers.

Of 173 school-buildings in the county, 74 have specially designated rooms for medical and dental inspections, 62 having one room and 12 having two. In addition there are 10 schools which make use of clinic premises either adjoining or near the main building and are naturally very satisfactory.

Of those schools which have designated medical rooms, 33 are used exclusively for medical purposes and 41 are used for other purposes when vacant, e.g. classrooms, special coaching, staff rooms, school secretary, infant mistress or lady superintendent.

Standard equipment, which includes wash-hand basin with hot water, power points, heating and lighting, cupboard, table and chairs, examination plinth, weighing machine and measuring rod and eye testing chart, is provided in 59 of the 74 specially designated medical rooms; 11 are not fully equipped to that level being deficient in some minor items and 4 have major deficiencies in this respect.

There are 89 schools which do not have specially designated medical rooms. When required, accommodation is made available from a variety of sources, e.g. Headmaster's room, staff rooms, secretary's room, classrooms and dining halls. Of these schools the accommodation can be described as reasonably adequate for the purpose of medical inspections in 60 instances, 56 being of sufficient size to allow eye testing at the regulation distance of 20 feet and the remaining 4 making use of extension such as adjacent passages and rooms to provide the necessary distance. This type of accommodation is, in the main, found in small schools.

In the remaining 29 schools, most of which are old and a proportion of which are due for replacement, the accommodation provided for medical inspection is unsatisfactory. This consists of headmasters' rooms or staff rooms which are deficient in size, light or warmth; in most cases power plugs are absent or wash-hand basins non-existent. Frequent intrusions by school staff

affect privacy and concentration, and eye-testing requires to be conducted in a classroom where there may be a school lesson in progress.

(f) Colour Vision Testing

During the year colour vision testing of boys age between 13 and 15 years was carried out. In all 1637 pupils were examined, of these 68 or 4.15% were found to be defective. None of this group were completely colour blind, all suffered from a varying degree of red/green deficiency. The test material used was the Ishihara Test Plates. All children found defective have, by arrangement with Dr. W. O. G. Taylor, Consultant Ophthalmologist, been referred to his clinic for further investigation and assessment.

Where appropriate the Youth Employment Officer of the Ministry of Labour was advised.

(g) Early Ascertainment.

(1) Defects of Vision.

For the fourth consecutive year all school entrants were examined during their first term for squints and refractive errors. Where defects were found cases were referred without delay for Specialist examination or re-examined by the School Medical Officer later in the session. See Table 2 for details of defects.

(2) Defects of Hearing.

Each school was visited at least once during the year by the Audiometrician who routinely examined all children who entered school in February and September 1963. Those found defective were referred to the Ear, Nose and Throat Clinic administered by the Hospital Board where a further audiometric test was done and an examination carried out by the Otologist. The Education Authority's Audiometrician attends these clinics and performs a hearing test.

It is the opinion of the Audiometrician that reliable routine testing is not effective at an earlier age. Individual cases referred by the School Teacher or the School Medical Officer are of course examined.

V.—THE FINDINGS OF MEDICAL INSPECTION.

(a) Routine.

The number of children examined was 15,935, of whom 2,883 or 18 per cent. suffered from some defect. Of these 2,139 or 13 per cent. of the children examined suffered from minor defects or ailments, from which recovery was expected in a few weeks, and 537 or 3 per cent. suffered from defects less remediable, but from which complete recovery or restoration of function was ultimately anticipated. The number suffering from defects where improvement only could be expected was 207 or 1 per cent. of those examined.

The following is a summary showing the various defects and the percentage found defective at Routine Inspections.

(1) Clothing.

Nine children were found to have unsatisfactory clothing, 0.06 per cent, of the children examined.

(2) Footgear.

Six children were found to have unsatisfactory footgear, 0.04 per cent. of the children examined.

(3) Cleanliness.

(a) Head.—The number of children found to have dirty or verminous heads was 30 or 0.19 per cent. of those examined.

(b) Body.—The number of children found to have dirty or verminous bodies was 11 or 0.07 per cent.

(4) Skin.

(a) Head.—The following were found to be suffering from skin diseases of the head :—

Ringworm	4 children or 0.02 per cent.
Impetigo	3 children or 0.02 per cent.
Other diseases	64 children or 0.40 per cent.

(b) Body.—The following skin conditions affecting the body were found :—

Impetigo	2 children or 0.01 per cent.
Scabies	13 children or 0.08 per cent.
Other diseases	213 children or 1.34 per cent.

(5) Nutritional State.

Seventy-two children were found to be suffering from slightly defective nutrition and 12 from bad nutrition, being respectively 0.45 and 0.07 per cent. of the children examined.

(6) Mouth and Teeth.

Two hundred and seven children were suffering from unhealthy conditions of the mouth and teeth, 1.30 per cent. of the children examined.

(7) Nasopharynx.

(a) Nose.—Apart from cases requiring further observation, 89 children or 0.55 per cent. of those examined showed obstruction, probably due to adenoids requiring operation.

(b) Throat.—Apart from cases requiring further observation, 195 children or 1.22 per cent. of those examined were found to have tonsils which required operative treatment.

(c) Glands.—Enlarged Glands requiring further observation were found in 160 or 1.01 per cent. of the children examined, while 4 children or 0.02 per cent. had Glands requiring operation.

(8) Eyes.

Infective conditions of the lids or conjunctiva were found in 119 children or 0.75 per cent. of those examined.

Corneal Opacities were found in 4 or 0.02 per cent. of the children.

Squint affected 169 children or 1.06 per cent.

Visual Acuity.—Vision was examined in entrants. Of those in the four routine age groups 306 or 1.82 per cent. had defective vision requiring refraction. 5,026 children in the seven-year-old group were examined in addition to entrants. Of these 282 were found to require refraction.

(9) Ears.

Otorrhoea or discharge from the ears affected 25 children or 0.16 per cent.

Defective hearing was present in 51 children or 0.32 per cent. Thirty-one were classified in Grade I. Deafness—that is children who can be educated in the ordinary school without special provision, and 11 in Grade II. (a) Deafness—that is children who can make satisfactory progress in ordinary schools if given some help, e.g., favourable position in class, individual hearing aid or tuition in lip-reading and 6 in Grade II. (b) Deafness—that is children requiring education in a special school.

Three children were found to be totally deaf. All attend the special school.

(10) Speech.

Of the children examined 68 or 0.43 per cent. suffered from defective articulation and 26 or 0.16 per cent. from stammering.

(11) Mental and Nervous Conditions.

Three children or 0.02 per cent. were found to be educable mental defectives.

Other mental or nervous conditions affected 38 or 0.24 per cent. of the children examined.

(12) Circulatory System.

Forty-five children were found to be suffering from organic heart disease, comprising 0.28 per cent. of the children examined. Of these 36 were Congenital and 9 Acquired.

(13) Lungs.

The number of children suffering from chronic bronchitis was 20 or 0.13 per cent. of those examined.

No children were referred to the Area Chest Physician as suspected cases of Tuberculosis.

Other diseases of the Lungs affected 93 children or 0.58 per cent.

(14) Deformities.

Deformities dating from birth affected 96 children or 0.60 per cent.

Deformities due to Poliomyelitis affected 20 children or 0.13 per cent.

Deformities probably due to Rickets affected 6 children or 0.04 per cent.

Deformities due to other causes, for instance flat feet, affected 59 children or 0.37 per cent.

(15) Infectious Diseases.

There were discovered 8 cases of Infectious Disease, 0.05 per cent. of the children examined.

(16) Other Diseases or Defects.

684 Children or 4.29 per cent. of those examined were affected.

(b) Special Examinations.

Of the 1,807 special cases examined, 197 were found defective and were notified to parents as requiring treatment. The following is a list of the defects found :—

(1) Unsatisfactory Clothing	6
(2) Unsatisfactory Footgear	5
(3) Cleanliness—	
Head—Dirty, Nits or Vermin	31
Body—Dirty, Nits or Vermin	3
(4) Skin—	
Head—Ringworm	—
Impetigo	5
Other Diseases	17
Body—Ringworm	1
Impetigo	—
Scabies	1
Other Diseases	40

(5) Nutritional State—

Slightly Defective	16
Bad	7

(6) Mouth and Teeth Unhealthy 8**(7) Nose—**

Obstruction requiring observation	23
Obstruction (probably Adenoids) requiring operation	12
Other Conditions	21

Throat—

Tonsils requiring observation	38
Tonsils requiring operative treatment	16

Glands—

Requiring observation	4
Requiring operative treatment	1

(8) Eyes—**External Diseases—**

Blepharitis	10
Conjunctivitis	3
Corneal Opacities	—
Squint	31
Other Diseases	10

Visual Acuity—

Defective Vision (for Refraction)	141
----------------------------------------	-----

(9) Ears—

Otorrhoea	3
Other Diseases	10

Defective Hearing—

Grade I.	8
Grade IIa.	3
Grade IIb.	2
Grade III.	6

(10) Speech—

Defective Articulation	11
Stammering	4

(11) Mental and Nervous Conditions—

Backward	1
Dull (Intrinsically)	8
Mental Defective (Educable)	9
Mental Defective (Ineducable)	13
Highly Nervous	21
Difficult Behaviour	5

(12) Circulatory System—**(a) Organic Heart Disease—**

Congenital	6
Acquired	—

(b) Functional Conditions 1**(13) Lungs—**

Chronic Bronchitis	1
Suspected Tuberculosis	—
Other Diseases	12

(14) Deformities—

Congenital	10
Acquired (Poliomyelitis)	2
Acquired (probable Rickets)	3
Other Causes	10

(15) Infectious Diseases 1**(16) Other Diseases or Defects** 70**VI.—ARRANGEMENTS FOR MEDICAL TREATMENT.****(a) Minor Ailments.**

There are School Clinics at Saltcoats, Kilbirnie, Dalry, Irvine, Maybole, Girvan, Hurlford, Ayr and Kilmarnock attended by the whole-time Medical Officers. The School Nurses at these Centres assist.

The number of children examined by the medical staff at the Clinics was 851. Recurrent visits brought the total attendances to 1,782. The following is a list of the defects found :—

(1) Cuts, Bruises, Sprains and Minor Injuries, etc. ...	255
(2) Diseases of the Ear, largely cases of Otorrhoea ...	15
(3) Diseases of the Eye, principally Conjunctivitis and Blepharitis	62
(4) Diseases of the Skin. (This figure comprises 2 cases of Ringworm of Body, 59 cases of Impetigo, 20 cases of Scabies and 128 cases involving other diseases of the Skin)	209
(5) Other Diseases (including cases of non-attendance brought to Clinics on recommendation of Attendance Officers)	414

(b) Defective Vision.

During the session the examination of children with defective vision was continued under arrangements made with the Regional Hospital Board. Regular Clinic sessions were held at Ayr, Kil-marnock, Saltcoats, Irvine, Hurlford, Kilbirnie and Cumnock ; occasional sessions at Largs, Girvan, Dalmellington and Nether-third. They were attended by members of the staff of the Regional Hospital Board working under Dr. W. O. G. Taylor, the Board's Consultant Ophthalmologist for the area.

Opticians attended at certain Clinic sessions to measure and fit those children for whom spectacles had been prescribed by the Ophthalmic Specialist. The Regional Hospital Board is responsible for these arrangements.

Spectacles were prescribed where necessary. The following is a summary of the cases seen for the period :—

Number of Clinics held	295
Number of Children Examined	4,915
Number of Children Prescribed Spectacles	2,057

(c) Specialist Treatment.

I am indebted to the Matron of Seafield Sick Children's Hospital, Ayr, for the following figures of children seen and treated at that Hospital during the year under review :—

Surgical Department—

Number of Clinics held	53
Number of Children Examined	1,409
Number of Theatres held	112
Number of Children Operated on (181 emergency)	816

Medical Department—

Number of Clinics held	113
Number of Children Examined	4,152
Number of Admissions	493

Ear, Nose and Throat Department—

Number of Theatres held	241
Number of Children Operated on	2,566
Number of Cases Examined at Clinics	5,482

Orthopaedic Department—

Number of Clinics held	117
Number of Children Examined	8,326
Number of Children recommended for Remedial Exercises—	
Out-Patient	522
In-Patient	314
Number of Children Operated on	190
Number of Children put in Plaster of Paris	796

Plastic Department—

Number of Patients Admitted	190
Number of Clinics held	49
Number of Theatres held	57

(It is necessary for some patients to be several times in Theatre).

(d) Audiometric Testing.

Miss J. B. Thomson, Audiometrician, reports as follows :—

In all 12,103 children of all ages were tested in schools in eighteen months ending 31st July, 1964.

(a) Children born in 1957	5,186
(b) Children who entered school in February and September, 1963	4,617
(c) Children absent at previous test	651
(d) Children of any other age thought to have a hearing defect	553
(e) Re-tests—Children showing defect at previous test	1,096
	<hr/> 12,103 <hr/>

In groups (a) and (b) above, of the 9,803 children tested, 9,077 had normal hearing and 726 had a defect in either one or both ears. The 726 defective children were classified as follows :—

Grade I—577	Grade IIa—143	Grade IIb—6.
-------------	---------------	--------------

Figures and classifications of groups b, c and d, will be found in the accompanying table.

All totally deaf (Grade III) children of school age in Ayrshire are receiving special education in schools for the deaf, viz :—

Mary Hare Grammar School	2
Donaldson's School for the Deaf, Edinburgh	1
Glasgow School for the Deaf	19
St. Vincent's School, Glasgow ..	3
	<hr/>
	25
	<hr/>

There are 54 severely deaf (Grade IIb) children attending schools in Ayrshire. Of these, 13 are able with the help of a hearing aid, and a suitable position in Class to make progress in the ordinary school. 39 attend West Park School for Hard of Hearing. The parents of one boy and one girl prefer to have their children attend the local school.

Two pre-school girls are on the waiting list for West Park School for Hard of Hearing and will be admitted at the beginning of next session together with two boys.

In the past year, 7 children have been fitted with hearing aids at the Hearing Aid Clinic at Ayr. The position with regard to hearing aids is as follows :—

(a) No. of children wearing Hearing Aids at 1st August 1963	89
(b) No. of children supplied with Hearing Aids during School Session 1963-1964	7
(c) No. of Pre-school children wearing Hearing Aids ...	2
(d) No. of children at (a) who left school during session 1963-64	12
(e) No. of children wearing Hearing Aids at 31st July, 1964	84

Of the 197 children referred to Ear, Nose and Throat clinic from Schools, 174 attended, and subsequently received treatment and operation when necessary from the Ear, Nose and Throat Surgeon.

In addition to her work in Ayrshire, the Audiometrician also tests children attending schools in the County of Wigtown and Stewartry of Kirkcudbright.

RESULTS OF GRAMOPHONE AND PURETONE AUDIOMETRIC TESTS IN ALL SCHOOLS IN AYRSHIRE. Year Ending 31st July, 1964.

Year Ending 31st July, 1964.

Group.	No. of Children Listed	No. of Children Tested.	No. of Children Normal	No. of Children Defective.	Grade.				No. of Children referred to E.N.T. Clinic	No of Children referred to Hearing Aid Clinic.	Retests.			
					I (Education in Ordinary School.)	IIa (Education in Ordinary School with Hearing Aid.)	IIb. (Education in Special School.)	III. (Education in Residential Special School.)			Normal.	Sh. Imp.	No. Imp.	Deterioration.
Children Born in 1957 ...	5,538	5,186	4,845 93.42%	341 6.58%	264 5.09%	74 1.42%	3 0.07%	—	52 1.00%	—	—	—	—	
Children entered School February and September, 1963 ...	5,079	4,617	4,232 91.66%	385 8.34%	313 6.78%	69 1.49%	3 0.07%	—	36 0.8%	—	—	—	—	
Children Born in 1955 (Absent at previous test) ...	738	651	605	46	31	15	—	—	8	—	—	—	—	
Children of any other age thought to have a Hearing Defect ...	573	553	346	207	144	57	6	—	31	—	—	—	—	
Retests. Children showing defect at previous test	1,174	1,096	383	713	413	259	41	—	70	—	383	132	499 82	

RESULTS OF PURETONE AUDIOMETRIC TESTS AT EAR, NOSE AND THROAT CLINICS, SEAFIELD HOSPITAL, AYR, AND AYRSHIRE CENTRAL HOSPITAL, IRVINE.

Children attending E.N.T. Clinic (New Cases) ...	—	523	171	352	182	167	2	1	165	1	—						
Retests	—	408	146	262	121	134	7	—	9	6	146	78	147	37			

(e) Psychiatric Service.

Dr. McClelland reports as follows :—

During 1964 the process of centralising the child psychiatric service in Heathfield Hospital was continued. This work cannot be efficiently performed single-handed and, in the clinic, the services of a team consisting of Consultant, Registrar, Educational Psychologist, and Health Visitor with psychiatric training are available. Referrals numbered 111.

In addition 7 children were referred directly to Kilmarnock Child Guidance Centre and seen there as new patients. A further 25 were referred for follow-up after having attended Heathfield Hospital so that a total of 32 children attended on 114 occasions.

Of the total of 118 referrals 21 were by Juvenile Courts.

Twelve visits were paid to Kirkmichael House Residential School by the Consultant Psychiatrist at the request of the Educational Psychologist. It was agreed that children who were under consideration by the School Psychological Service for admission to Kirkmichael House, might, at the discretion of the Psychologist, be referred to the Child Psychiatric Clinic for the purpose of excluding children in need of psychiatric rather than psychological treatment. Once admitted, children, whether previously assessed at the Psychiatric Clinic or not, might be referred for psychiatric opinion.

VII.—DENTAL INSPECTION AND TREATMENT.

Report by the Chief Dental Officer.

Last year's improvement in staffing failed to be maintained. The number of Dental Officers fell to nine, five below establishment. The amount of work carried out by this depleted staff, however, shows a definite increase over last year.

In view of this shortage of staff, the inspection routine was modified to make best use of our Dental Officers. Only Primary 1 and Primary 7 classes were examined in their entirety. All other pupils were offered examination and treatment (if required) by the School Dental Service, or, if the parents so wished they could consult a private practitioner. Only those pupils accepting treatment by the school service were examined. This resulted in a saving of time at inspection sessions and enabled more children to be treated by fewer Dental Officers.

The new mobile clinic which came into service during the year was built locally to our own design. The equipment and construction are of a very high standard. Thanks are due to the Transport Department staff whose active participation in this project was invaluable.

Towards the end of the year under review, the extension to the Cumnock Clinic was completed. This contains a dental surgery and workroom which will fulfil a long standing need in the area. The surgery is fully equipped and the X-ray facilities have enabled many patients to be examined locally who would otherwise have had to travel to Prestwick.

The minimum of Dental Health Education was carried out during the year. Talks were given to Young Mothers' Groups on request and Dental Officers attended some Child Welfare Clinic sessions to give advice and to offer treatment. Chairside instruction in oral hygiene was of course given during normal attendances for treatment.

Our Orthodontic Consultant Mr. John Houston again visited the county at monthly intervals. The demand for this type of treatment continues to increase and we are grateful to Mr. Houston for his guidance and assistance.

During the period 1st August, 1963-31st July, 1964, 164 half-days were devoted to routine dental inspections and 2,748 half-days to dental treatment.

I wish to acknowledge once again the co-operation and assistance given by Head Teachers and their staffs. This high degree of co-operation is essential if our work is to be carried out in an efficient manner.

VIII.—SPECIAL SCHOOLS AND CLASSES, INCLUDING OPEN-AIR SCHOOLS.

(1) St. Leonard's Home School, Ayr.

Day pupils were conveyed daily by motor transport from and to their own homes. The number so dealt with was 76, of these 73 are mentally handicapped children and 3 are physically handicapped children.

St. Leonard's Home has 10 physically handicapped children resident, and these are taught in the Physically Handicapped Class.

There were thus on the school roll 13 physically handicapped and 73 mentally handicapped children.

There are 5 classrooms, viz., 4 for mentally handicapped and one for physically handicapped children.

(2) Park School, Kilmarnock.

There are on the roll of this school 87 mentally handicapped children and 8 physically handicapped children.

There are six classrooms, viz., five for mentally handicapped and one for physically handicapped children.

(3) James Reid School, Saltcoats.

This school, which comprises three classrooms, has 68 mentally handicapped children on the roll.

(4) Courthill School, Dalry.

This school, which comprises two classrooms, has 23 mentally handicapped children on the roll.

(5) Cronberry School, Cumnock.

This school comprises 6 classrooms. There are 57 mentally handicapped children on the roll.

(6) Wallaceton Works School, by Maybole.

This school has accommodation for 40 mentally handicapped children. There are 37 children on the school roll.

(7) Pennyvenie School, Dalmellington.

This school, which comprises two classrooms, has 37 mentally handicapped children on the roll.

(8) Special Class, Eglinton District School, Kilwinning.

Twenty-nine mentally handicapped children attend this special class.

(9) Riccarton School (Occupational Centre), Kilmarnock.

This Centre accommodates children who are mentally handicapped to such a degree that they cannot benefit from education in a Special School but are trainable. The number at present on the roll is 44.

(10) Coyle School (Occupational Centre).

This Centre provides training for severely mentally handicapped children from the Ayr district. Twenty-six children are on the roll.

(11) Craigbank Occupational Centre, Saltcoats.

This Training Centre accommodates severely mentally handicapped children from the Ardrossan, Saltcoats, Kilwinning area. Twenty-two children are on the roll.

(12) Garrallan School, Cumnock (Occupational Centre).

There are 13 children accommodated at this centre which serves the Cumnock area.

(13) Dailly Occupational Centre.

This centre is accommodated in the Community Centre, Dailly, and provides training for eight severely mentally handicapped children in the Maybole/Girvan Area.

(14) West Park School for the Hard of Hearing, Kilmaurs.

There are 39 children suffering from Grade IIb. Deafness on the roll of this school. In view of the distance from their homes five children are boarded at St. Leonard's Home School, Ayr, and they are taken to school daily with the others by special conveyance.

(15) Other Institutions.

At 31st July, 1964, there were in Institutions :—

Mary Hare Grammar School for the Deaf	2
Donaldson's School for the Deaf, Edinburgh	1
Glasgow School for the Deaf	20
St. Vincent's School for the Blind and Deaf, Glasgow	4
Royal Blind School, Edinburgh	16
Sandyford School for Partially Sighted, Paisley	1
Westerlea School for Spastics, Edinburgh	1
Scotsraig School for Spastics, Paisley	10
Coltness House School, Wishaw	2
Trefoil School for Physically Handicapped Children...	2
East Park Home for Infirm Children, Largs	7
Stanmore House Lanark	2
Glenburn School, Paisley	1
Merchison House School	1
Waverley Park Certified Institution, Kirkintilloch	2
Dunlop House	10
St. Joseph's Certified Institution, Rosewell, Midlothian	4
Birkwood Institution	10
Royal Scottish Certified Institution, Larbert	11
Camphill Rudolph Steiner School, Aberdeenshire	2

Strathmore Institution	3
Ravenspark Hospital	2
Caldwell House Institution	5
Lendrick Muir School, Perthshire	1

IX.—ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE OF CHILDREN.

(a) Accommodation.

During Session 1963/64 two new schools were opened, Stanley Secondary, Ardrossan and Newmilns Primary. Both schools have up-to-date indoor facilities and Stanley School has a two-pitch playing field provided.

Four of the older schools had climbing frames installed, thus enabling more primary pupils to participate in this new expression of movement.

(b) Staffing.

The supply of men teachers of Physical Education is not keeping up with the demand and the position with regard to ladies is much worse.

The demand by reason of numbers in the Secondary Schools has meant that fewer teachers of Physical Education are employed in Primary Schools.

(c) Swimming.

(1) By arrangement with Kilmarnock Town Council the Corporation Swimming Bath is available on every school day from 9.00 a.m. till 4.00 p.m. for the teaching of swimming to boys and girls from local schools. Swimming instruction begins at Primary VI stage and is given by members of the Physical Education Staff. It is regretted that Kilmarnock is the only town in Ayrshire with such facilities.

(2) In the summer term and when weather conditions are congenial, pupils from schools in Cumnock, Prestwick, Troon and Saltcoats have lessons in the local outdoor pools.

(3) Pupils from Darvel, Newmilns, Galston, Hurlford, Kilmaurs, Stewarton, Crosshouse and Dregghorn again took full advantage of an intensive course of ten lessons during the first two weeks of the summer vacation. This course is held in Kilmarnock Academy swimming bath—the only school swimming bath in the county—which is due for demolition to accommodate the new extension.

(4) A “Learn to Swim Week” was held in all pools during May of this year when pool instructors were assisted by members of the Physical Education staff.

(d) Camp Schools.

Some eight groups, each of approximately 240 Primary VII pupils, had the opportunity of spending two weeks at a camp school in Abington or West Linton. During this fortnight the boys and girls are encouraged to spend as much time as possible out of doors. Before leaving Ayrshire every pupil is seen by a member of the School Medical Staff.

(e) Personal Hygiene.

Beginning in the Nursery School and continuing right through to the Senior Secondary School every effort is made to train the pupils in healthy habits. This entails the co-operation of teachers of all categories.

(f) Resuscitation—Expired Air Method.

During the session this new method was introduced to the Physical Education teachers by the Medical Department at a meeting held in the County Hall. A manikin has been acquired and is now being used in schools for the instruction of pupils. It is anticipated that in future every secondary pupil will be trained to use this method

(g) Other Activities.

In some schools where it has been found possible to make suitable adjustments to time-tables and where staff is available, experiments are being carried out in outdoor pursuits. The pupils take part in such activities as canoeing, map-reading, hill-walking, cycling, etc. By this means it is hoped that they will develop a hobby which will take them out of doors during their leisure time.

X.—OTHER ACTIVITIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

Milk and Meals Supplied to School Children.

The number of children who took advantage of the Milk-in-Schools Scheme was 47,349.

Meals were supplied to 20,754 children. Of this number 135 were partial remission cases and 6,071 were on a reduced charge for pupils of the same household. 4,095 children were supplied with free meals.

XI.—THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

The following tables show the number examined and the physical condition of the children under the respective headings :

TABLE I.

(a) Total Number of Children Examined at—

Primary and Junior Secondary Schools—	Systematic Examinations
Nursery School Children	358
Entrants	5,906
Children Born in 1956 (Visual Acuity only)	5,026
Children Born in 1954	4,405
Children Born in 1950	4,295
Senior Secondary Schools—	
Children Born in 1947	971
Total	20,961

(b) Other Examinations—

Special Cases	1,807
Re-Examination—Number Examined	675
Treatment Completed	407
Receiving Treatment	132
On Waiting List for Treatment	44
Condition Unchanged--Under Observation	92
Total	3,157

(c) The Number of Individual Children Inspected at Systematic Examinations who were Notified to Parents as requiring Treatment :—

Nursery School Children	30
Entrants	494
Children Born in 1956 (Visual Acuity only)	282
Children Born in 1954	263
Children Born in 1950	209
Children Born in 1947	19
Total	1,297

(d) Average Heights and Weights :—

<i>Group Examined.</i>	<i>Sex.</i>	<i>No. Exam.</i>	<i>Average Age Months.</i>	<i>Average Height Inches.</i>	<i>Average Weight Pounds.</i>
Nursery School Children	Male	9	45.8	39.3	38.8
	Female	7	49.3	40.8	38.1
Entrants	Male	694	61.7	43.6	44.3
	Female	585	65.0	42.9	42.3
Children Born in 1954	Male	363	115.0	52.6	65.1
	Female	325	116.0	52.4	65.3
Children Born in 1950	Male	539	162.0	60.4	98.6
	Female	540	163.0	57.1	104.0
Children Born in 1947	Male	194	193.0	67.0	124.0
	Female	155	198.0	63.4	126.0

TABLE II.
SCHOOL MEDICAL SERVICE—SYSTEMATIC EXAMINATIONS.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number examined ...	144	164	3,053	2,853	2,196	2,209	2,023	2,272	518	453	7,984	7,951	15,935
1. Clothing—													
Unsatisfactory ...	1	—	1	1	2	1	2	1	—	—	6	3	9
Percentage ...	0.52	—	0.03	0.04	0.09	0.05	0.10	0.04	—	—	0.08	0.04	0.06
2. Footgear—													
Unsatisfactory ...	—	—	3	1	—	—	2	—	—	—	5	1	6
Percentage ...	—	—	0.10	0.04	—	—	0.10	—	—	—	0.06	0.01	0.04
3. Cleanliness—													
(a) Head—													
Dirty, Nits or Vermin ...	—	—	2	12	2	8	1	5	—	—	5	25	30
Percentage ...	—	—	0.07	0.42	0.09	0.36	0.05	0.22	—	—	0.06	0.31	0.19
(b) Body—													
Dirty or Verminous ...	—	—	—	2	5	1	2	1	—	—	7	4	11
Percentage ...	—	—	—	0.07	0.23	0.05	0.10	0.04	—	—	0.09	0.05	0.07

TABLE II.—Continued.
School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
4. Skin—													
Head—													
Ringworm	—	—	—	—	2	1	—	1	—	—	2	2	4
Percentage	—	—	—	—	0.09	0.05	—	0.04	—	—	0.03	0.03	0.03
Impetigo...	—	—	1	—	1	—	1	—	—	—	3	—	3
Percentage	—	—	0.03	—	0.05	—	0.05	—	—	—	0.04	—	0.02
Other Diseases	1	—	13	9	4	2	8	14	2	12	27	37	64
Percentage	0.52	—	0.43	0.32	0.18	0.09	0.40	0.62	0.39	2.65	0.34	0.47	0.40
Body—													
Ringworm	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo...	—	—	—	1	—	—	—	1	—	—	—	2	2
Percentage	—	—	—	0.04	—	—	—	0.04	—	—	—	0.03	0.01
Scabies ...	—	—	1	5	—	3	—	4	—	—	1	12	13
Percentage	—	—	0.03	0.14	—	0.14	—	0.18	—	—	0.02	0.15	0.08
Other Diseases	2	1	42	44	36	18	25	28	6	11	111	102	213
Percentage	1.03	0.61	1.38	1.54	1.64	0.81	0.24	1.23	1.16	2.45	1.39	1.28	1.34
5. Nutritional State—													
Slightly Defective...	1	2	9	15	15	7	10	7	4	2	39	33	72
Percentage	0.52	1.22	0.29	0.53	0.69	0.32	0.49	0.31	0.77	0.44	0.49	0.42	0.45
Bad ...	—	—	—	—	3	2	—	7	—	—	3	9	12
Percentage	—	—	—	—	0.14	0.09	—	0.31	—	—	0.04	0.11	0.07

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
6. Mouth and Teeth—													
Unhealthy ...	5	1	58	38	41	31	12	18	—	3	116	91	207
Percentage ...	2.58	0.61	1.89	1.33	1.86	1.40	0.59	0.79	—	0.66	1.45	1.14	1.30
7. Nose—													
Obstruction requiring Observation ...	—	2	47	38	25	6	5	24	—	1	77	69	146
Percentage ...	—	1.22	1.54	1.33	1.14	0.27	0.25	1.06	—	0.22	0.96	0.87	0.92
Obstruction (probably Adenoids) requiring Operation ...	2	—	33	26	8	12	3	5	—	—	46	43	89
Percentage ...	1.03	—	1.08	0.91	0.36	0.54	0.15	0.22	—	—	0.58	0.54	0.55
Other Conditions ...	3	—	27	18	11	4	8	1	1	—	50	23	73
Percentage ...	1.55	—	0.88	0.63	0.51	0.18	0.40	0.04	0.19	—	0.63	0.29	0.46
Throat—													
Tonsils requiring Observation	11	5	150	152	40	48	12	11	4	1	217	217	434
Percentage ...	5.67	3.05	4.91	5.33	1.82	2.17	0.59	0.48	0.77	0.22	2.71	2.73	2.72
Tonsils requiring Operative Treatment ...	5	4	62	75	11	21	4	10	2	1	84	111	195
Percentage ...	2.58	2.44	2.03	2.63	0.50	0.95	0.20	0.44	0.39	0.22	1.05	1.40	1.22
Glands—													
Requiring Observation	—	1	66	66	7	9	3	7	1	—	77	83	160
Percentage ...	—	0.61	2.16	2.31	0.32	0.41	0.15	0.31	0.19	—	0.96	1.04	1.01
Requiring Operative Treatment ...	—	—	2	—	—	—	—	2	—	—	2	2	4
Percentage ...	—	—	0.07	—	—	—	—	0.09	—	—	0.03	0.03	0.03

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

95

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
8. Eyes— External Diseases— Blepharitis ... Percentage ... Conjunctivitis ... Percentage ... Corneal Opacities ... Percentage ... Squint ... Percentage ... Other Diseases ... Percentage ...	—	—	26	23	21	9	12	9	—	2	59	43	102	
	—	—	0·85	0·81	0·96	0·41	0·59	0·40	—	0·44	0·96	0·54	0·64	
	2	—	5	3	1	—	5	1	—	—	13	4	17	
	1·03	—	0·16	0·11	0·05	—	0·25	0·04	—	—	0·16	0·05	0·11	
	—	—	—	2	1	—	1	—	—	—	2	2	4	
	—	—	—	0·07	0·05	—	0·05	—	—	—	0·03	0·03	0·03	
	8	2	53	56	12	19	7	10	1	1	81	98	169	
	4·12	1·22	1·74	1·96	0·55	0·86	0·35	0·44	0·19	0·22	1·01	1·10	1·06	
	1	—	10	4	—	4	4	3	1	1	15	13	28	
	—	0·61	0·33	0·14	—	0·18	0·20	0·13	0·19	0·22	0·19	0·16	0·18	
	Number Examined— Visual Acuity ... Fair ... Percentage ... Bad ... Percentage ... For Refraction ... Percentage ...	—	—	3,053	2,853	2,196	2,209	2,023	2,272	518	453	7,790	7,787	15,577
	—	—	110	99	103	90	63	98	13	14	289	301	590	
—	—	3·60	3·47	4·69	4·07	3·11	4·31	2·53	3·09	3·70	3·86	3·78		
—	—	26	20	41	27	48	55	7	7	122	109	131		
—	—	0·85	0·07	1·86	1·22	2·37	2·42	1·35	1·55	1·56	1·39	0·84		
—	—	54	55	43	42	40	31	34	5	172	134	306		
—	—	1·77	1·93	1·96	1·90	1·98	1·36	6·56	1·10	2·21	1·72	1·96		

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
Number Examined	194	164	3,053	2,853	2,196	2,209	2,023	2,272	518	453	7,984	7,951	15,935
9. Ears—													
Otorrhoea ...	1	—	6	4	4	1	7	—	—	2	18	7	25
Percentage ...	0.52	—	0.20	0.14	0.18	0.05	0.35	—	—	0.44	0.23	0.09	0.16
Other Diseases ...	—	1	1	7	—	1	3	1	—	—	4	10	14
Percentage ...	—	0.61	0.03	0.25	—	0.05	0.15	0.04	—	—	0.05	0.13	0.09
Defective Hearing—													
Grade I. ...	—	—	8	11	2	5	3	2	—	—	13	18	31
Percentage ...	—	—	0.26	0.39	0.09	0.23	0.15	0.09	—	—	0.16	0.23	0.19
Grade IIa. ...	—	—	—	2	1	4	2	1	1	—	4	7	11
Percentage ...	—	—	—	0.07	0.05	0.18	0.10	0.04	0.19	—	0.05	0.09	0.07
Grade IIb. ...	—	—	—	2	2	1	1	—	—	—	3	3	6
Percentage ...	—	—	—	0.07	0.09	0.05	0.05	—	—	—	0.04	0.04	0.04
Grade III. ...	—	—	—	—	1	—	1	1	—	—	2	1	3
Percentage ...	—	—	—	—	0.05	—	0.05	0.04	—	—	0.03	0.01	0.02
10. Speech—													
Defective Articulation ...	5	2	27	18	6	5	4	1	—	—	42	26	68
Percentage ...	2.58	1.22	0.88	0.63	0.27	0.23	0.20	0.04	—	—	0.53	0.33	0.3
Stammering ...	—	—	5	2	16	2	1	—	—	—	22	4	26
Percentage ...	—	—	0.16	0.07	0.73	0.09	0.05	—	—	—	0.28	0.05	0.16

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
11. Mental and Nervous Conditions—													
Backward ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Dull (Intrinsically) ...	—	—	3	2	1	—	—	—	—	—	4	2	6
Percentage ...	—	—	0.10	0.07	0.05	—	—	—	—	—	0.05	0.03	0.04
Mentally Defective (Educable) ...	—	—	1	1	1	—	—	—	—	—	2	1	3
Percentage ...	—	—	0.03	0.04	0.05	—	—	—	—	—	0.03	0.01	0.02
Mentally Defective (Ineducable) ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Highly Nervous ...	1	—	5	6	1	1	8	—	—	—	15	7	22
Percentage ...	0.52	—	0.16	0.21	0.05	0.05	0.40	—	—	—	0.19	0.09	0.14
Difficult in Behaviour ...	—	—	6	1	2	1	—	—	—	—	8	2	10
Percentage ...	—	—	0.20	0.04	0.09	0.05	—	—	—	—	0.10	0.03	0.06
12. Circulatory System—													
<i>(a) Organic Heart Disease—</i>													
Congenital ...	—	1	9	4	7	8	5	2	—	—	21	15	36
Percentage ...	—	0.61	0.29	0.14	0.32	0.36	0.25	0.09	—	—	0.26	0.19	0.23
Acquired... ..	—	—	1	1	—	2	—	3	2	—	3	6	9
Percentage ...	—	—	0.03	0.04	—	0.09	—	0.13	0.39	—	0.04	0.08	0.06
<i>(b) Functional Conditions</i>													
Percentage ...	—	—	26	25	21	8	8	5	2	—	57	38	95
	—	—	0.85	0.81	0.96	0.36	0.40	0.22	0.39	—	0.71	0.48	0.60

TABLE II.—Continued.

School Medical Service—Systematic Examinations—Continued.

Nature of Defect.	Nursery School Children.		Entrants.		1954		1950		1947		All Ages.		Total at all Ages.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
13. Lungs—													
Chronic Bronchitis	—	—	9	—	2	4	3	2	—	—	14	6	20
Percentage	—	—	0.29	—	0.09	0.18	0.15	0.09	—	—	0.18	0.08	0.13
Suspected Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—
Percentage	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	2	—	38	20	7	7	13	3	3	—	63	30	93
Percentage	1.03	—	1.24	0.70	0.32	0.32	0.64	0.13	0.58	—	0.79	0.38	0.58
14. Deformities—													
Congenital ...	4	—	46	16	12	3	7	2	5	1	74	22	96
Percentage	2.06	—	1.51	0.56	0.55	0.14	0.35	0.09	0.97	0.22	0.93	0.27	0.60
Acquired (Poliomyelitis)	—	—	6	2	3	—	5	3	1	—	15	5	20
Percentage	—	—	0.20	0.07	0.14	—	0.25	0.13	0.19	—	0.19	0.06	0.13
Acquired (probably Rickets)	—	—	4	1	1	—	—	—	—	—	5	1	6
Percentage	—	—	0.13	0.04	0.05	—	—	—	—	—	0.06	0.01	0.04
Acquired (Other Causes)	3	2	26	8	7	2	5	5	1	—	42	17	59
Percentage	1.55	1.22	0.85	0.28	0.32	0.09	0.25	0.22	0.19	—	0.53	0.21	0.37
15. Infectious Disease													
Percentage	—	—	1	2	4	1	—	—	—	—	5	3	8
	—	—	0.03	0.07	0.18	0.05	—	—	—	—	0.06	0.04	0.05
16. Other Diseases or Defects	18	5	240	140	109	67	49	27	24	5	440	244	684
Percentage	9.28	3.05	7.86	4.90	4.96	3.03	2.42	1.19	4.63	1.10	5.51	3.07	4.29

TABLE III.—SCHOOL MEDICAL SERVICE—SUMMARY OF SYSTEMATIC EXAMINATIONS.

Nursery School Children.	Entrants.		1954		1950		1947		Total.			
	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.	No. of Child- ren.	% of the Children examined in this Group.		
Number examined ...	358		5,906		4,405		4,295		971		15,935	
1. Children Free from Defects...	286	79.89	4,411	74.69	3,714	84.31	3,769	87.75	872	89.80	13,052	81.91
2. Children otherwise Free from Defects who Suffer from—												
(a) Defective Vision not worse than 6/12 in the better Eye with or without Glasses, or	2	0.59	103	1.74	94	2.13	127	2.96	50	5.15	376	2.36
(b) Oral Sepsis, etc. ...	—	—	24	0.41	11	0.25	6	0.14	—	—	41	0.26
(c) Both (a) and (b) ...	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	0.59	127	2.15	105	2.38	133	3.10	50	5.15	417	2.26
3. Children suffering from ailments (other than those mentioned in 2) from which complete recovery is anticipated within a few weeks...	43	12.01	973	16.47	437	9.92	237	5.52	32	3.30	1,722	10.87

TABLE III.—School Medical Service—Summary of Systematic Examinations—Continued.

Number examined	Nursery School Children.		Entrants.		1954		1950		1947		Total.	
	No. of Children examined in this Group.	% of the Children examined in this Group.	No. of Children examined in this Group.	% of the Children examined in this Group.	No. of Children examined in this Group.	% of the Children examined in this Group.	No. of Children examined in this Group.	% of the Children examined in this Group.	No. of Children examined in this Group.	% of the Children examined in this Group.	No. of Children examined in this Group.	% of the Children examined in this Group.
	358		5,906		4,405		4,295		971		15,935	
4. Children suffering from (or suspected to be suffering from) defects less remediable than defects specified in 2 or 3, distinguishing cases—												
(a) Where complete cure or restoration of function (in the case of eye defect full correction) is considered possible	26	7.23	322	5.45	91	2.07	93	2.17	5	0.51	537	3.37
(b) Where improvement only is considered possible, e.g., without complete restoration of function	1	0.28	73	1.24	58	1.32	63	1.46	12	1.24	207	1.29
Total	27	7.51	395	6.69	149	3.39	156	3.63	17	1.75	744	4.66
Total Number of Children Examined	358	100%	5,906	100%	4,405	100%	4,295	100%	971	100%	15,935	100%

TABLE IV.

SCHOOL MEDICAL SERVICE—RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

<i>Disability.</i>		<i>At Ordinary School.</i>	<i>At Special School or Classes.</i>	<i>In Hospital or Institution.</i>	<i>At No School or Institution.</i>	<i>Total.</i>
1. Blind	...	—	16	—	3	19
2. Partially Sighted—						
(a) Refraction errors in which the curriculum of an Ordinary School would adversely affect the Eye Condition ...		17	—	—	—	17
(b) Other conditions of the Eye, <i>e.g.</i> , Cataract, Ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ordinary school ...	...	13	—	—	—	13
3. Deaf—						
Grade I.	...	1,165	—	—	—	1,165
Grade IIa.	...	474	—	—	—	474
Grade IIb.	...	15	39	—	—	54
Grade III.	...	—	25	—	—	25

TABLE IV.—Continued.

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

Disability.	At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
4. Defective Speech—					
(a) Defects of Articulation requiring Special Educational Measures	134	—	—	—	134
(b) Stammering requiring Special Educational Measures ...	44	—	—	—	44
5. Mentally Defective (Children between 5 and 16 Years)—					
(a) Educable (I.Q., approx. 50-70)	90	375	—	—	465
(b) Ineducable (I.Q., generally less than 50)	1	93	38	21	153
6. Epilepsy—					
(a) Mild and Occasional... ..	61	—	—	—	61
(b) Severe (suitable for care in a Residential School) ...	6	1	—	—	7
7. Physically Defective (Children between 5 and 16 Years)—					
(a) Non-Pulmonary Tuberculosis (excluding Cervical Glands)	14	—	—	—	14
(b) General Orthopaedic Conditions	125	17	8	2	152
(c) Organic Heart Disease	78	1	—	2	81
(d) Other Causes of Ill Health... ..	18	19	—	11	48

School Medical Service—Return of all Exceptional Children of School Age in the Area—Continued.

Disability.	At Ordinary School.	At Special School or Classes.	In Hospital or Institution.	At No School or Institution.	Total.
8. Multiple Defects *	6	67	9	23	105

* The Nature of the Multiple Defects in the 105 Cases is as follows :—

1 ; 4 (a) ; 5b and 7b—one case.
1 and 5b—one case.
2 (a) and 5 (a)—three cases.
2 (a) ; 5b and 7b—two cases.
3 (Grade IIa) ; 5 (a) and 7b—one case.
3 (Grade IIa) ; 7 (c)—one case.
3 (Grade IIb) ; 5 (a) and 7b—one case.
3 (Grade IIb) and 7 (b)—two cases.
4 (a) and 5 (b)—one case.
4 (a) ; 5 (b) and 7 (b)—one case.
4 (a) and 7 (b)—two cases.
5 (a) and 6 (a)—ten cases.
5 (a) ; 6 (a) and 7 (b)—1 case.
5 (a) and 6 (b)—five cases.
5 (a) and 7 (a)—one case.
5 (a) and 7 (b)—twenty-seven cases.
5 (a) and 7 (c)—two cases.
5 (a) and 7 (d)—three cases.
5 (b) and 6 (a)—six cases.
5 (b) and 6 (b)—four cases.
5 (b) and 7 (a)—one case.
5 (b) and 7 (b)—twenty-five cases.
5 (b) and 7 (c)—one case.
5 (b) and 7 (d)—three cases.

TABLE V.
Local Authority Dental Services. (School and Maternity and Child Welfare.)

School Year—1st August, 1963, to 31st July, 1964.

M. & C.W. Year—1st August, 1963, to 31st July, 1964.

Estimated Pre-School Population, 24,113.

School Population, 60,266

Section 1.—General Statistics.

																	Maternity.		
3 or under	4	Total Ages 0-4	5	6	7	8	9	10	11	12	13	14	15	16	17 or over	Total Ages 5-17+	Ante- Natal	Post- Natal	
Routine Dental Inspection	67	104	171	1590	1146	1113	1058	957	1053	1518	697	561	412	144	51	18	10,318	—	7
With Dental Defects	10	64	74	1093	842	911	883	794	848	1047	499	450	324	121	29	8	7,849	—	7
Offered Treatment...	10	64	74	1093	842	911	883	794	848	1047	499	450	324	121	29	8	7,849	—	7
Accepting Treatment	8	51	59	520	618	693	669	588	588	483	360	368	261	91	20	4	5,263	—	7
Treatment by L.A. Dental Officers ...	9	53	62	486	571	675	640	569	594	497	360	378	263	90	19	4	5,146	—	6
No. made Dentally Fit	7	46	53	428	514	574	550	522	513	447	316	342	233	75	19	7	4,540	—	6
Special and Emergency Cases...	—	2	2	1	3	1	4	—	—	4	3	—	—	1	1	—	18	—	—
Attendances for Treatment— 0-4 Years Total			94							Attendances for Treatment— 5-17+ Years Total							23,924	—	34

TABLE V.—*Continued.*

Section II.—Details of Treatment.

	<i>School.</i>			<i>M. & C.W.</i> (4)
	<i>Routine.</i> (1)	<i>Special and Emergency</i> (2)	<i>Total Columns (1) and (2)</i> (3)	
(a) Fillings—				
(1) Permanent Teeth	12,206	3	12,209	8
(2) Deciduous Teeth	2,563	2	2,565	74
(b) Extractions (not including Orthodontic)—				
(1) Permanent Teeth	1,388	14	1,402	34
(2) Deciduous Teeth	4,722	23	4,745	25
Administrations of General Anaesthetic	—	—	—	—
Other Operations—				
Permanent Teeth ...	5,706	3	5,709	32
Deciduous Teeth... ..	1,336	—	1,336	71
Dentures—				
Partial	46	—	46	2
Full	1	—	1	10
Repairs to Dentures... ..	4	—	4	—
Radiographs—				
No. of Exposures ... (not incl. Orthodontic)	30	—	30	—

TABLE V.—*Continued.*Dental Services—*Continued.*

Section III.—Orthodontic Treatment.

Number of Cases continued from previous year.	535
New Cases	456
Cases Completed	275
Cases Discontinued	97
Cases continuing at end of year	619
Attendances for Treatment	5,865
Number of Consultations with R.H.B. Orthodontist	330

	<i>Regional Hospital Board Orthodontist</i>	<i>School Dental Surgeon.</i>	<i>Total.</i>
Number of Diagnostic Examinations—			
(Not followed by Treatment) ...	23	68	91
Number of Cases Treated —			
(a) Number of Removable Appliances fitted.	36	453	489
(b) Number of Fixed Appliances fitted.	7	—	7
Number of Extractions (not carious) —			
(1) Permanent Teeth	—	475	475
(2) Deciduous Teeth	—	396	396
Repairs to Orthodontic Appliances ...	—	34	34
Radiographs—Number of Exposures—			
(a) Intra-Oral	—	362	362
(b) Extra-Oral	—	2	2

TABLE V.—*Continued.*
Dental Services—*Continued.*
Section IV.—Dental Staff.

	<i>Dental Surgeons. (1)</i>	<i>Dental Hygienists. (2)</i>	<i>Dental Surgery Assistants. (3)</i>
Establishment of Posts Agreed by Council	14	Nil.	14
Number in Post at 31st July, 1964—			
Whole-time	9	Nil.	10
Part-time	Nil.	Nil.	Nil.
Whole-time Equivalent of Part-time ...	Nil.	Nil.	Nil.
Total Whole-time Equivalent	9	Nil.	10
Number of Vacancies being Advertised	5	Nil.	Nil.
Total Half-days Worked during year ended 31st July, 1964—			
(a) In School Health Service ...	3,805	Nil.	5,663
(b) In Maternity and Child Welfare Service	81	Nil.	81

Dental Services—*Continued.*

Section V.—Allocation of Time.

	<i>Dental Surgeons. (1)</i>	<i>Dental Hygienists. (2)</i>	<i>Dental Surgery Assistants. (3)</i>
Estimated Number of Half-days Occupied in Inspection	164	—	—
Dental Health Education	19	—	—
Treatment (other than Orthodontic) ...	2,829	—	—
Orthodontic Treatment	624	—	—
Administration	250	—	—
Absence Due to Illness	372	—	136
TOTAL	4,258	—	136